Medical Economics

PUBLISHED EVERY OTHER MONDAY • ISSUE OF FEBRUARY 1, 1960

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prevent "morning sickness" the night before...

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Just 2 Bendectin tablets at bedtime. In clinical trials,[1-3] this dosage schedule relieved morning sickness symptoms in more than 95% of cases.

Bendectin combines three complementary therapeutic actions: antispasmodic/antinauseant/pyridoxine supplementation to *prevent* this annoying discomfort.

1. Nulsen, R. O.: Ohio State Med. J. *53*:665, 1957. 2. Personal communications: 1956-57. 3. Towne, J. E.: Internat. Rec. of Med. *171*:584, 1958.

to control the weight problem in pregnancy **TENUATE**

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Medical Economics

NEWS BRIEFS

PATIENTS WHO OWE YOU probably also owe more other creditors than ever. The New York Times recently reported that the average wage-earner's installment debt has hit a new high of $1 for every $9 of his annual take-home pay.

4,000,000 MORE PEOPLE NOW HAVE HEALTH INSURANCE than did a year ago, the Health Insurance Institute reports. Its latest estimate: 127,000,000.

HIGHER FEES FOR INSURANCE EXAMS? Equitable Life Assurance Society's recent boost from $7.50 to $10 in the standard fee it'll pay doctors for examining insurees may soon be met by other big carriers, insurance men predict. The increase is the first general one of its kind in 10 years.

"RECURRENT...SHARP CORRECTION and profit-taking can be expected [in stocks] in 1960," warns the Prentice-Hall information service. "February is one traditional month to watch for a sharp shakeout."

NEWS BRIEFS

START 'EM YOUNG seems to be the motto of modern credit managers. One national retail chain store is now offering 14-year-olds credit cards worth up to $50, and a midwestern bank is offering un-cosigned loans to high school students.

M.D.s' PROTESTS at the A.M.A. drive to lower fees for the aged are "dramatic evidence that the 'sliding scale' of fees does not easily slide downward," says Richard Carter in a new Redbook Magazine article. It's his first public blast at the profession since his 1958 book, "The Doctor Business."

INDIGENCY AMONG M.D.s is less rare than many medical men think, a recent check by this magazine indicates. In six states alone, medical societies last year gave $180,000 in aid to some 240 destitute doctors. Explained one medical leader: "I'm convinced that more indigency would be found among doctors...[but] too often needy doctors [are] ...too proud to expose their indigency."

DOCTORS WHO WAIT TILL THEY'RE 45 to start building an estate are letting precious time run out on them, warns the management firm Professional Management Midwest. Example: A 35-year-old doctor who wants $1,000 at age 65 might get it by investing only $231 now. At 45, he'd have to put down $377. And by the time he's 55, he'd have to invest $614.

NEW USE IS BEING MADE OF OLD X-RAY FILMS by Russian youths. They cut them into disks, record American music on them, sell them on the black market.

MISREPRESENTING AN M.D. as an unprejudiced witness may cost the Los Angeles County medical society and 3 of its members $50,000. A woman charges that Dr. Floyd Parks, who testified against her as a society-recommended "impartial" witness, actually had served on a hospital staff with the doctor she was suing. A California appeals court has sent her claim for a refund of Dr. Parks' court fees and her claim for some $50,000 in other damages to a jury.

LOW-COST AUTO INSURANCE FOR GOOD DRIVERS has now spread into Indiana. Other states where safe drivers are rewarded with discounts of up to 20% include Iowa, Mich., Minn., Mo., Neb., Ohio, Pa.

HOSPITAL TRIED TO PIN PART OF THE RAP on an attending surgeon when a resident gave his patient a faulty postoperative injection. A lower court ordered the hospital to pay $17,500 for the resulting injury, but held the surgeon blameless because he had the "right to rely upon [the] competency" of the resident who gave the injection. In an effort to force the surgeon's insurer to pay half the award, the hospital appealed. Now New York's highest court has upheld the original decision.

NEWS BRIEFS

ONE WAY TO ENCOURAGE BIRTH CONTROL, believes Yale University Economist Stephen Enke, would be to offer cash bonuses for not having children. In India, for example, he suggests paying wives $10 for every 4 months they avoid pregnancy.

HOSPITALS-VS.-BLUE CROSS BATTLE is still making headlines in Philadelphia. The 8 Catholic hospitals there have said officially that they're withdrawing from the plan, and 37 other hospitals are threatening to do so unless Blue Cross agrees to pay them on a basis of what each charges patients.

I.R.S. HAS RELAXED ITS STAND on whether taxpayers may deduct for medical expenses of a capital nature. It formerly disallowed all such deductions. But a Federal Court recently let a man deduct for one such expense (an elevator) that didn't improve the value of his home. Now the I.R.S. says it'll disallow deductions only for "permanent improvements which increase the value of a property."

RIGHT OF A PANEL PLAN TO JUDGE the competence of its member-doctors has been upheld by New York's highest court. A surgeon who was dropped for incompetence by the closed-panel Health Insurance Plan of N.Y. sued the plan's directors for libel and slander. Now the court has ruled that the directors were merely fulfilling their duty.


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inflammatory dermatoses
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prednisolone
touch a button on the can...
only the cooling, soothing
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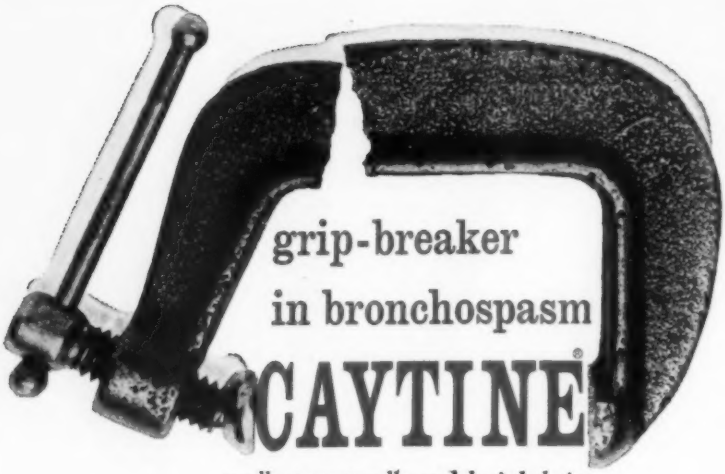

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three forms for individualized management: In patients with asthma, emphysema, bronchitis, bronchiectasis, CAYTINE Tablets, Inhalation, and Injection permit the physician to determine the treatment that gives the greatest relief with fewest side effects. CAYTINE increases vital capacity more than isoproterenol.[1] In geriatric patients, CAYTINE "...was more effective than any previous medication used."[2] There are a few side effects, but no toxic reactions, with the use of CAYTINE. No elevation of blood pressure, no adverse ECG, EEG, hepatic, renal or hematologic changes have been noted. Patients may experience palpitations and anxiety and should be so warned.

(1) Leslie, A., and Simmons, D. H.: Am. J. M. Sc. *234*:321, 1957. (2) Settel, E.: Am. Pract. & Digest Treat. *8*:1249, 1957.

For additional information request Brochure No. NDA 18, CAYTINE, Lakeside Laboratories, Inc., Milwaukee 1, Wisconsin.

LAKESIDE

Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, FEB. 1, 1960

contents

More▶

 Published fortnightly at Oradell, N. J. Vol. 37, No. 3. Price 60 cents a copy, $12.50 a year (Canada and foreign, $15). Circulation, 171,000 physicians in private practice. Address all editorial and business correspondence to MEDICAL ECONOMICS, Oradell, N.J.

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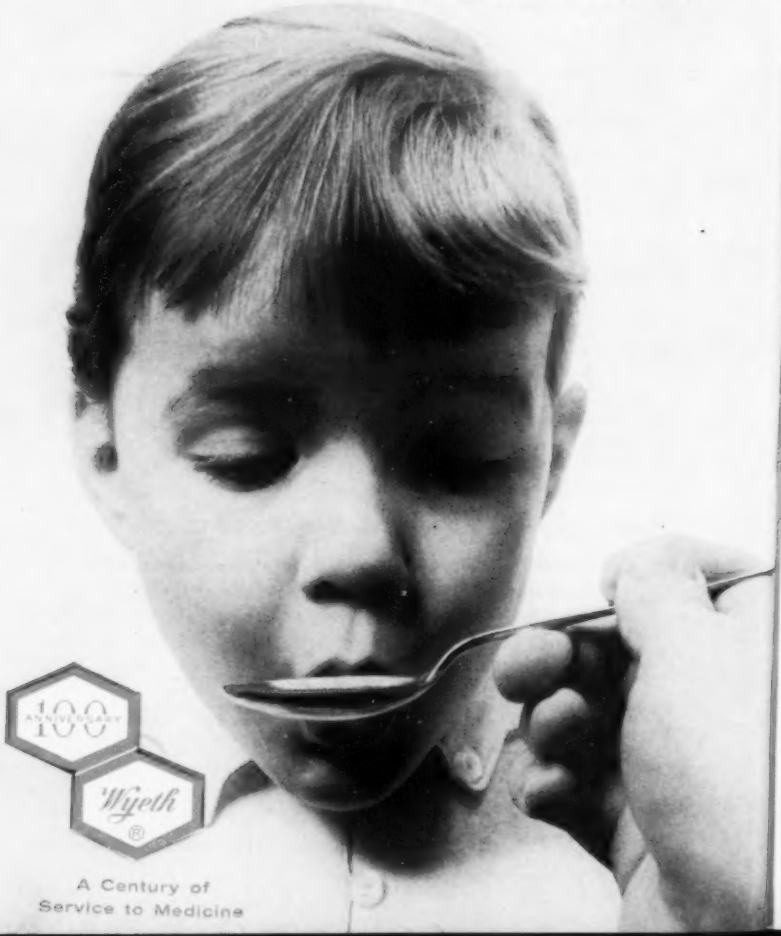
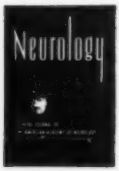


contents

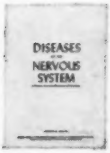
QUESTION:
What have authorities reported as to the efficacy of Fiorinal in tension headache?

ANSWERS:
From the published reports of leading clinicians.



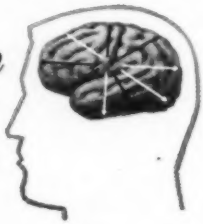
"The most effective symptomatic medication in the treatment of tension headache have been several analgesic and sedative combinations. One of the most effective is Fiorinal, which yielded relief in two out of three patients." ***(Friedman, A. P., von Storch, T. J. C. and Merritt, H. H.: Neurology 4:773, Oct. 1954.)***

"In the treatment of tension headaches ... [Fiorinal's non-narcotic action] offers a better opportunity for relief than some usually prescribed non-narcotic analgesics." ***(Weisman, S. J.: Am. Pract. & Digest. Treat. 6:1019, July 1955.)***



"Fiorinal appears to be one of the most useful preparations to date for the relief of tension headaches. Easing of the head discomfort was accomplished by one or two tablets without any unpleasant side effects such as drowsiness or gastric upsets. In many cases Fiorinal appeared to temporarily relieve the discomfort from sinus trouble or acute respiratory infections." ***(Kibbe, M. H.: Dis. Nerv. System 16:77, March 1955.)***

specific therapy for tension headache



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relieves pain, muscle spasm, nervous tension

rapid action • non-narcotic • economical

FIORINAL TABLETS

Each tablet contains: Sandoptal (Allylbarbituric acid N.F.X) 50 mg. (¾ gr.), caffeine 40 mg. (⅔ gr.), acetylsalicylic acid 200 mg. (3 gr.), acetophenetidin 130 mg. (2 gr.).

Dosage: **1 or 2 tablets every 4 hours according to need, up to 6 per day.**

SANDOZ

contents

DEPARTMENTS

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for your patients who meet their frustrations with food

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fit the needs of these "*should, but can't*" reducers

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PHANTOS and PHANTOS-10 provide: mood elevation to help allay the stress and depression which weaken will power, *plus* day-long appetite suppression ■ a helpful metabolic boost ■ convenient once-a-day dosage ■ alleviation of morning constipation and evening excitation.

Each PHANTOS or PHANTOS-10 capsule provides these three separately timed releases throughout the day:

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	Aloin	¼ gr.	⅙ gr.
INTERMEDIATE RELEASE	Amphetamine sulfate	5 mg.	3.33 mg.
	Thyroid	½ gr.	⅓ gr.
	Atropine sulfate	1/360 gr.	1/540 gr.
FINAL RELEASE	Amphetamine sulfate	5 mg.	3.33 mg.
	Thyroid	½ gr.	⅓ gr.
	Phenobarbital*	¼ gr.	⅙ gr.

*(Warning: May Be Habit-Forming)

DOSAGE: One PHANTOS or PHANTOS-10 Capsule daily, taken on arising.

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Medical Economics

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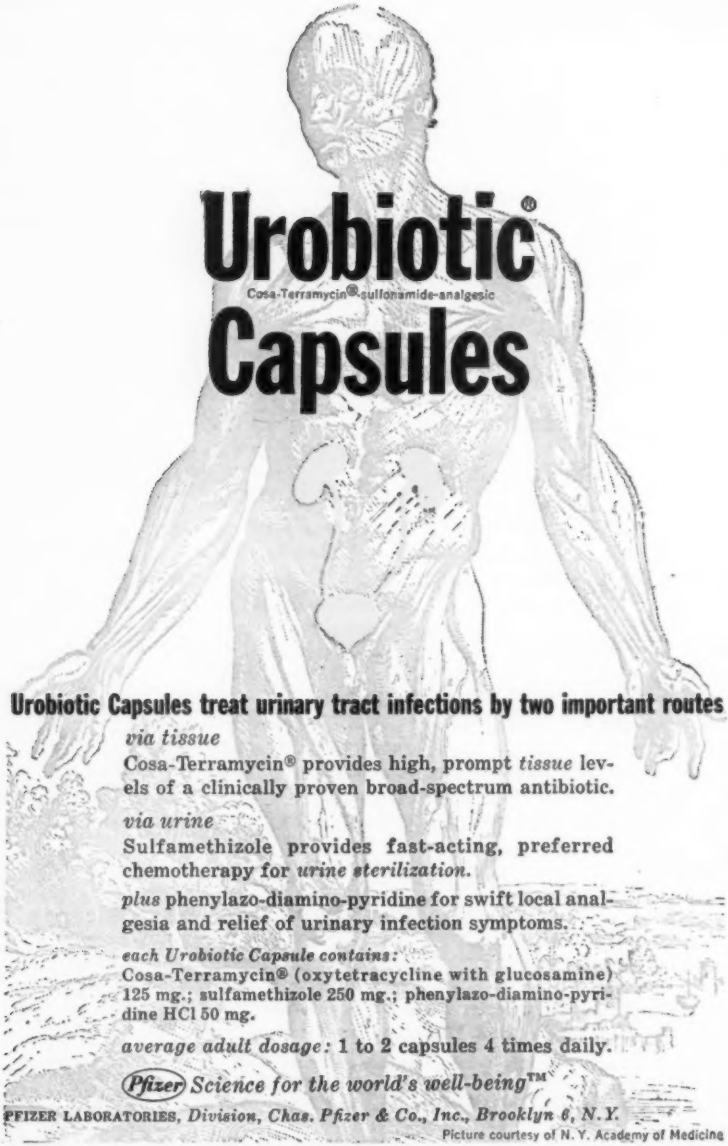

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in cardiac edema of varying severity

weight loss ranged from 4 to 45 lbs. on

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increased potency—without corresponding increase in side effects

Sackner, M. A., Wallack, A. A. and Bellet, S.: Am. J. M. Sc. 237:575, (May) 1959.

"The severity of the congestive heart failure . . . was as follows: Class IV (9 patients), Class III (5 patients), and Class II (1 patient).". . ."Weight loss ranged from 4 to 45 pounds over a period of 3 to 17 days with an average of 2.4 pounds a day."

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SUPPLIED: 25 mg. and 50 mg. scored tablets HYDRODIURIL (Hydrochlorothiazide) in bottles of 100 and 1,000.

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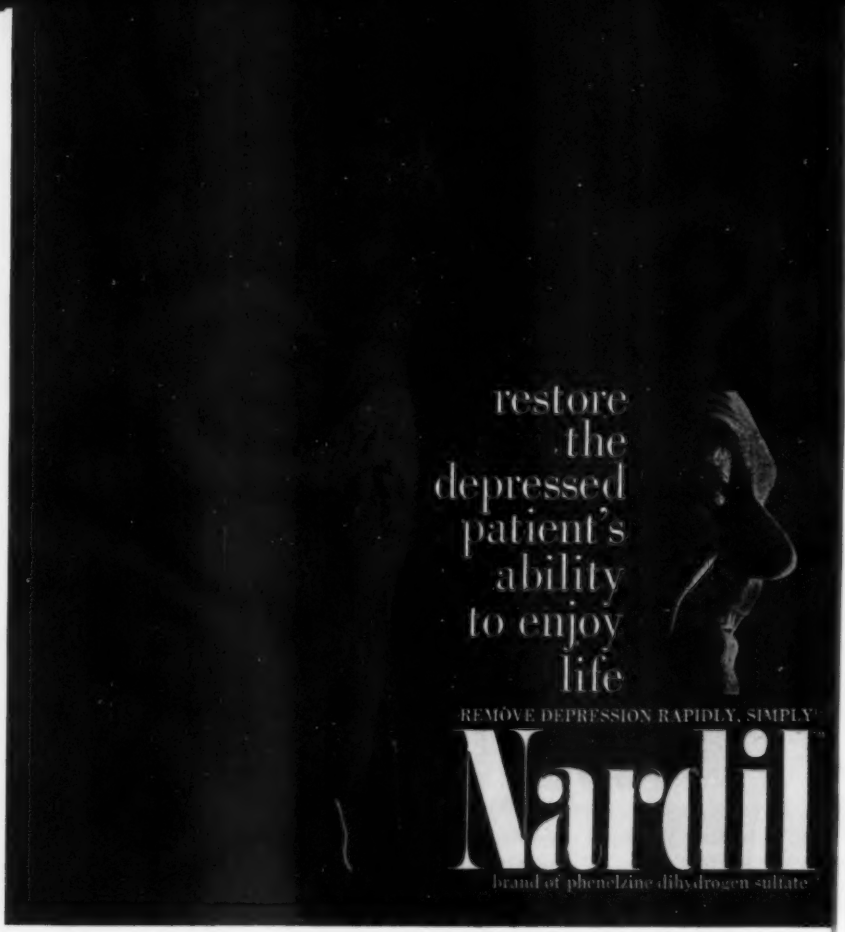

No significant reports of toxicity to liver, kidneys or blood.[1-10] ■ Nardil corrects depression with simple tablet therapy in 4 out of 5 cases within 2 to 6 weeks; therapeutic action often within first few days.[1-10] ■ Prescribe Nardil when your patient is "down at the mouth," apathetic (with or without associated anxiety), afflicted with feelings of guilt, self-contempt and uselessness, appetite and sleep troubles, and/or vague or exaggerated physical complaints. ■ Nardil is also particularly effective in depressions associated with angina pectoris, rheumatoid arthritis and chronic disease generally, the menopause, and depressions of pregnancy and postpartum.

References: 1. Sainz, A.: *Ann. New York Acad. Sc. 80*:780, Art. 3 (Sept. 17) 1959. 2. Thal, N.: *Dis. Nerv. System 20*:197 (May, Pt. 1) 1959. 3. Saunders, J. C., Kline, N. S., *et al.*: *Am. J. Psychiat. 116*: 71, 1959. 4. Arnow, L. E.: *Clinical Med. 6*:1573, 1959. 5. Dickel, H. A., *et al.*: *Clinical Med. 6*:1579, 1959. 6. Dunlop, E.: *Rhode Island M. J. 42*:656, 1959. 7. Sainz, A.: *Dis. Nerv. System 20*:537, 1959. 8. Sarwer-Foner, G. J., *et al.*: *Canad. M.A.J.* (in press) 1959. 9. Hobbs, L. E.: *Virginia Med. Monthly 86*: 692, 1959. 10. Dunlop, E.: *Dis. Nerv. System* (in press) 1960. NA-GP02

WARNER CHILCOTT
MORRIS PLAINS, N.J.

Letters

Antique Licensure Laws

SIRS: The medical licensure laws of most states seem designed more to protect local physicians against competition than to license qualified men . . . Any doctor who is a graduate of a Class A medical school, who has proved himself to be a responsible person, and who has been approved by the National Board of Medical Examiners should be allowed to practice medicine anywhere in the U.S. The A.M.A. should sponsor necessary changes in antiquated state laws.

W. P. Neilson, M.D.
Enid, Okla.

Callous Collecting?

SIRS: In "How to Help Patients Pay in Installments," you report that the idea of suggesting formal credit arrangements hasn't yet caught on with most doctors. I can see why.

It seems callous and undignified for a family doctor to suggest an installment credit program with a bank or loan agency so that the patient can pay him. I wouldn't refer patients to a doctor who regularly did so.

If a responsible patient can't pay in a lump sum, the doctor should arrange directly with the patient for monthly payments. The doctor can then send out monthly statements as reminders. I'd have no signed agreement, and I'd certainly charge no interest.

Vincent J. Fisher, M.D.
New York, N.Y.

Social Security Statement

SIRS: I recently wrote President Eisenhower to inquire concerning the Administration's attitude toward Social Security for doctors. Here's the highly interesting answer I got from an official of the Social Security Administration:

"Dear Dr. Frankman:

"Your letter to President Eisenhower has been referred to me for reply . . . We continue to favor extension of coverage under the old-age, survivors, and disability insurance program to self-employed physicians on the same basis as that applicable to lawyers and other self-employed professional groups . . .

"We believe that, generally speaking, the need of physicians for this protection is comparable to that of many self-employed

Letters

people and wage-earners who are now covered by the program. Interest in the extension of the Social Security coverage to self-employed physicians is apparently growing. Surveys reflect this interest among individual physicians as well as the state and local medical societies. Also, during the first session of the Eighty-sixth Congress, seven bills were introduced to provide coverage for self-employed physicians.

"We, of course, cannot predict what action, if any, this Congress may take on these bills."

I felt I should share this letter with other readers of MEDICAL ECONOMICS.

William Frankman, M.D.
Wollaston, Mass.

Render Unto Caesar—

SIRS: I've just read with interest—and alarm—your article "How 300 Doctors Distribute Their Charity Dollars." Author Joseph McElligott says that his physician-clients give away an average of only 4.2 per cent of net income. He seems almost critical of one physician who gave away 12 per cent.

According to Biblical example, all of us owe 10 per cent of our income to God, just as we owe local and Federal taxes. If the physician earns, say, $14,000 a year, his minimum charitable contribution should be 10 per cent of that figure, or $1,400. His only true gifts would then be any contributions in excess of that 10 per cent.

Paul F. Maddox, M.D.
Campton, Ky.

Psychiatry Talks Back

SIRS: I'm the wife of a psychiatrist, I feel that his specialty has been put in an unfair light by recent articles and letters.

For one thing, how foolish it is to expect psychiatrists to extend professional courtesy beyond the initial interviews! After all, they can see only eight or ten patients a day, and the therapy in each case lasts anywhere from a few months to a few years.

As for the "aloofness" of psychiatrists, what about the open hostility toward psychiatrists shown by physicians like Dr. Jacques May, who apparently enjoy putting psychiatry on the defensive? Like any member of a minority, the psychiatrist is more at ease with his own kind . . .

Psychiatrist's Wife, Maryland

SIRS: . . . Dr. Stanley Dean says that too many psychiatrists "are

More on 24

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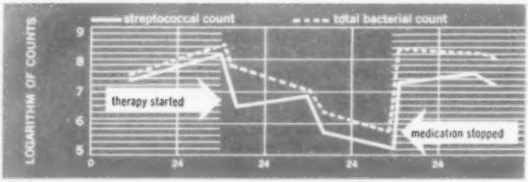

test shows reduction of oral bacterial flora (including streptococci) to 1% of initial figure

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- **No toxicity or sensitivity reactions reported**
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Dosage: Dissolve a lozenge slowly in the mouth three or four times daily. May be increased as directed.

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Each lozenge contains:
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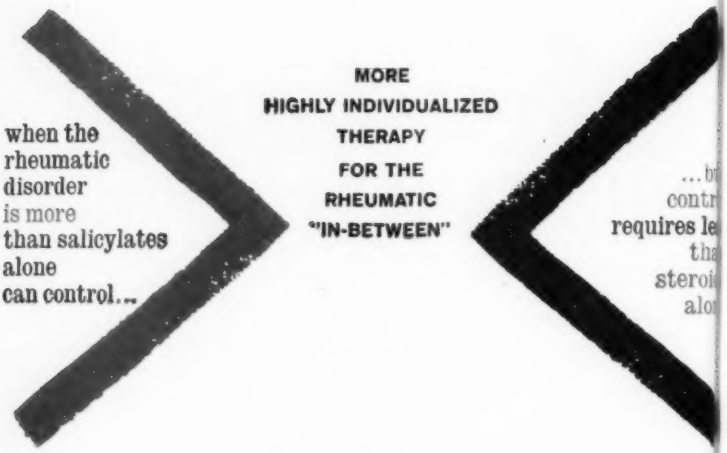
when the
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can control...
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HIGHLY INDIVIDUALIZED
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wider latitude in adjusting dosage

ARISTOGESIC is particularly effective for relief of chronic – but less severe – pain of rheumatic origin. ARISTOGESIC combines the anti-inflammatory effects of ARISTOCORT® Triamcinolone with the analgesic action of salicylamide, a highly potent salicylate. Dosage requirements for ARISTOGESIC are substantially lower than generally required for each agent alone. The exceptionally wide latitude of dosage adjustment with ARISTOGESIC permits well-tolerated therapy for long periods of time with fewer side effects.

Indications: Mild cases of rheumatoid arthritis, tenosynovitis, synovitis, bursitis, mild spondylitis, myositis, fibrositis, neuritis, and certain muscular strains.

Dosage: Average initial dosage: 2 capsules 3 or 4 times daily. Maintenance dosage to be adjusted according to response.

Precautions: All precautions and contraindications traditional to corticosteroid therapy should be observed. The amount of drug used should be carefully adjusted to the lowest dosage which will suppress symptoms. Discontinuance of therapy must be carried out gradually after patients have been on steroids for prolonged periods.

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Steroid-Analgesic Compound LEDERLE

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Letters

not always willing to shoulder the responsibility a physician has toward the community." But psychiatry is perhaps more widely represented on school boards than any other specialty. Psychiatrists often lecture voluntarily before parent-teacher groups and work with organizations fighting juvenile delinquency.

Dr. Dean suggests that psychiatrists take a more active role in community hospitals. Fine! When general and voluntary hospitals open psychiatric wards and services comparable to their medical, surgical, and pediatric services, the neighborhood psychiatrists will be in there pitching.

This is occurring in New York State. Here a general hospital submits its plan for a psychiatric service to the Department of Mental Hygiene. When such a service is approved, psychiatrists join the attending staff. But the idea hasn't yet gained wide acceptance elsewhere.

James A. Brussel, M.D.
New York, N.Y.

SIRS: . . . Dr. Dean thinks psychiatry should "de-emphasize such 'unconscious' themes as infantile sexuality, Oedipus complex, castration complex, latent homosexuality. Such revelations," he says, "tend to be psychologically and spiritually degrading."

Well, such themes can be and have been misused for sensationalism, just like many other good things.

But what is so degrading about observing that a little boy tends to go through a phase when he loves his mother intensely and feels Dad is intruding? Or that girls of preadolescent and early adolescent age tend to prefer their own sex? For the full development of such concepts we're indebted to psychoanalysis. This has contributed much to clinical understanding and more effective medical treatment.

C. Raymond Kiefer Jr., M.D.
Hartford, Conn.

Doctors Without Tools?

SIRS: In your article "What's in Your Bag, Doctor?," some physicians admit to going out on house calls without a stethoscope, an otoscope, a sphygmomanometer, or a thermometer.

How dare they make such admissions? To my mind, these men are in a class with physicians who start writing a prescription the minute a patient has described his symptoms.

John Erhardt, M.D.
Biloxi, Miss.

END

now all-day, all-night relief of nasal congestion with a single capsule q12h

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One 'Ornade' *Spansule* capsule in the morning provides daylong, uninterrupted relief. And a single 'Ornade' *Spansule* capsule at bedtime usually enables the patient to sleep in comfort and wake up with airways free and uncongested.

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in edema or

▪ more doctors are prescribing—
▪ more patients are receiving the benefits of—
▪ more clinical evidence exists for—

in congestive failure

"Chlorothiazide was given to 16 patients for a total of 295 patient-treatment days." "Chlorothiazide is a safe, oral diuretic with a clinical effect equal to or greater than a parenteral mercurial." Harvey, S. D. and DeGraff, A. C.: N. Y. State J. Med., 59:1769, (May 1) 1959.

in hypertension

". . . our program has been one of polypharmacy in which we attempt to deplete body sodium with chlorothiazide. This drug is continued indefinitely as background medication for all antihypertensive drugs." Moyer, J.H.: Am. J. Cardiology, 3:199, (Feb.) 1959.

in premenstrual edema

"Chlorothiazide is an excellent agent for relief of swelling and breast soreness associated with the premenstrual tension syndrome, since all patients [50] with these complaints were completely relieved." Keyes, J. W. and Berlacher, F. J.: J.A.M.A., 169:109, (Jan. 10) 1959.

DOSAGE: Edema—One or two 500 mg. tablets DIURIL once or twice a day. Hypertension—One 250 mg. tablet DIURIL twice a day to one 500 mg. tablet DIURIL three times a day.

SUPPLIED: 250 mg. and 500 mg. scored tablets DIURIL (chlorothiazide) in bottles of 100 and 1,000. DIURIL is a trademark of Merck & Co., INC. Additional information is available to the physician on request.

hypertension

DIURIL®

(CHLOROTHIAZIDE)

than for all other diuretic-antihypertensives combined!

in edema of pregnancy

"One hundred patients were treated with oral chlorothiazide." "In the presence of clinically detectable edema, the agent was universally effective." "Chlorothiazide is at present the most effective oral diuretic in pregnancy." Landesman, R., Ollstein, R. N. and Quinton, E. J.: N. Y. State J. Med., **59**:66, (Jan. 1) 1959.

in cirrhosis with ascites

"All three of the patients with Laennec's cirrhosis, ascites and edema had a favorable response, with a mean weight loss of 8 lbs., during the five-day treatment period with a slight decrease in edema." Castle, C. N., Conrad, J. K. and Hecht, H. H.: Arch. Int. Med., **103**:415, (March) 1959.

in renal edema

"In a study of 10 patients with the nephrotic syndrome associated with various types of renal disease, orally administered chlorothiazide was a successful, and sometimes dramatic, diuretic agent." Burch, G. E. and White, M. A., Jr.: Arch. Int. Med., **103**:369, (March) 1959.

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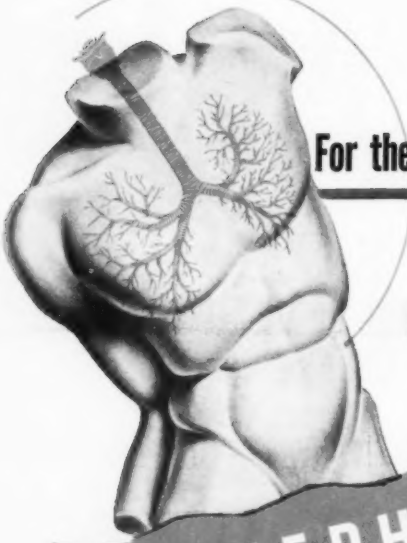
Division of Merck & Co., INC., Philadelphia 1, Pa.



For the "deep down" cough...

RELIEF + DECONGESTION

SYNEPHRICOL®

Antihistaminic and Decongestant Cough Syrup

In the tight, uncomfortable bronchial cough accompanying colds, influenza or bronchitis, Synephricol provides the decongestion necessary to permit free breathing and elimination of excess mucus.

Synephricol is expectorant, and more — it thins the viscous mucoid bronchial secretions, and it decreases bronchial irritation by sympathomimetic and anti-allergic action.

Each teaspoonful (4 cc.) of pleasant flavored Synephricol contains:

Neo-Synephrine® hydrochloride	5.0 mg.
Thenfadil® hydrochloride	4.0 mg.
Dihydrocodeinone bitartrate	1.33 mg.
Potassium guaiacol sulfonate	70.0 mg.
Ammonium chloride	70.0 mg.
Menthol	1.0 mg.
Chloroform	0.02 cc.
Alcohol	8%

Exempt narcotic

Average adult dose: 1 or 2 teaspoonfuls every two to four hours. Supplied in bottles of 1 pint and 1 gallon.

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Synephricol, Neo-Synephrine (brand of phenylephrine) and Thenfadil (brand of thenyldiamine), trademarks reg. U.S. Pat. Off.

News

Lawyers Warned to Stop Browbeating Doctors

Doctors are getting tired of being told by attorneys in court that the way they've testified in previous cases makes them "prejudiced" witnesses. If lawyers continue such "harassment," many medical men may refuse to appear in personal injury actions.

That's the judgment of Dr. Eugene A. Ferreri, president of the Academy of Medicine of Cleveland. Too often doctors have been subpoenaed to produce records of their testimony in previous lawsuits, he says. "It boils down to nothing more than legal harassment of doctors by opposing attorneys."

Ferreri

In typical cases, the doctor's subpoenaed records are used in an attempt to prove he's prejudiced. For instance, if his record shows he has testified 80 per cent of the time for the defense, this is supposed to show he's a defense-slanted medical man.

But usually such reasoning proves nothing about a physician's objectivity, Dr. Ferreri argues. He fears that excessive challenging of this kind is going to make physicians reluctant to testify at all.

"Relations between physicians and lawyers have been growing worse in the past few years," he says. "It's time for us to make an earnest and sincere effort to try to work out reasonable agreements."

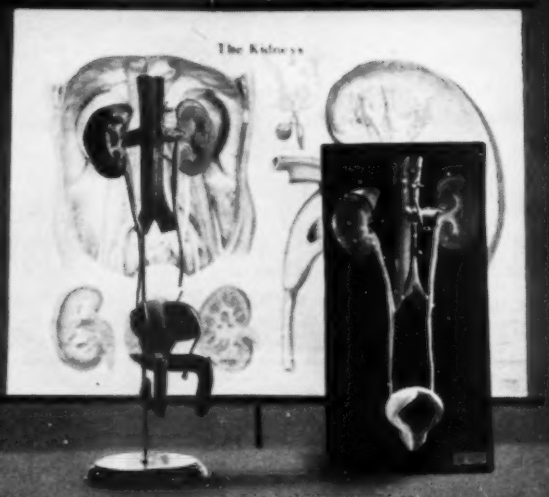
With that in mind, Cleveland doctors have offered to meet the lawyers halfway. Joint committees representing the Academy and two bar associations are being reactivated to look into the problem.

Steeper Interest May Slow Home Turnover This Year

For anyone planning to buy or sell a house this year, there's a new factor to consider. Higher interest rates on mortgages may make the transaction more expensive than it would have been a short time ago.

That's the warning from some of the nation's real estate men, as quoted in a U.S. News & World Report survey. The survey's find-

More on 32



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6,800,000

courses of treatment* and still negligible development of bacterial resistance with

FURADANTIN

in genitourinary tract infections

*Conservative estimate based on the clinical use of FURADANTIN Tablets and Oral Suspension since 1953.

"The future of antimicrobial therapy may well rest with antibacterial chemicals more than with antibiotics."[1]

FURADANTIN®

brand of nitrofurantoin

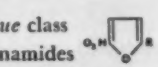
". . . may be unique as a wide-spectrum antimicrobial agent that . . . does not invoke resistant mutants."[2]

FURADANTIN is a "most effective drug in combating the common bacterial infections and remains the most effective drug in urinary tract infections caused by Proteus and Micrococcus species."[3] In fact, in the treatment of Proteus infections, "FURADANTIN is by far the best drug."[4] FURADANTIN "should be used first in those genitourinary infections caused by staphylococci."[5]

Available as Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

References: 1. Seneca, H., and Lattimer, J. K.: A.M.A. Arch. Path. 64:481, 1957. 2. Waisbren, B. A., and Crowley, W.: A.M.A. Arch. Int. M. 95:653, 1955. 3. Hsie, J.-H., et al.: Antibiotics Annual 1956-1957, New York, Medical Encyclopedia, Inc., 1957. 4. Carroll, G., in Panel Discussion, J. Am. Geriat. Soc. 5:635, 1957. 5. Waisbren, B. A.: A.M.A. Arch. Int. M. 101:397, 1958.

FURADANTIN: one of the synthetic nitrofurans—a *unique* class of antimicrobials unrelated to the antibiotics or sulfonamides



EATON LABORATORIES, NORWICH, NEW YORK

News

ing: "Interest rates on mortgages are the highest since the Nineteen Twenties. The going rate in most places is 6 per cent or higher."

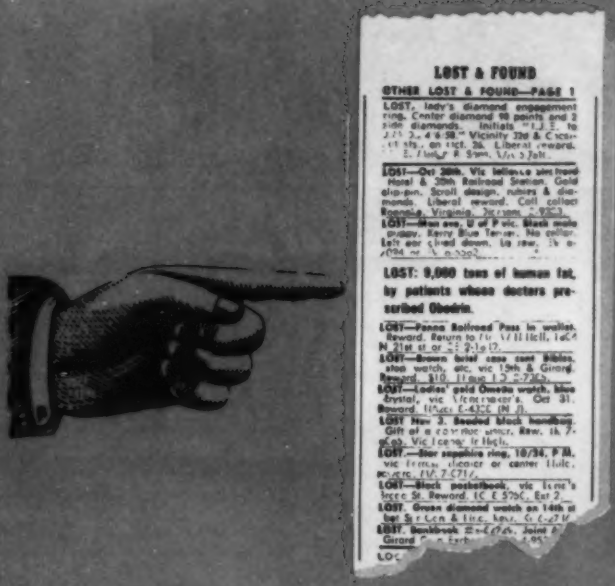
For example, California doctors who want to buy a house must pay 6.6 per cent on preferred mortgages—and up to 7.2 per cent if their down payment is small or their property less than first-class. As a result, "prospective buyers sometimes back down when they find out how much the loan is going to cost."

For the same reason, it may be tough to *sell* a house this year. Observes one realtor: "A house that would have sold in a month [in 1958] now takes two or three months to sell." Best advice: If you have a house to sell, allow plenty of time for completing the deal.

One Blue Cross Plan Drops Paid-in-Full Benefits

Blue plans across the country have been trying to keep out of the red with a series of rate increases. Now Virginia's biggest Blue Cross unit, the Richmond plan, is taking a new tack. It's abolishing the traditional paid-in-full benefits for one segment of its subscribers. A mandatory $50-deductible clause is being applied to all individual subscribers

More on 38



Over 300,000,000 tablets of Obedrin have been administered since its introduction . . . enabling overweight patients to lose approximately 18,000,000 pounds of excess fat. (Studies show an average weight loss of 6 lbs. per 100 tablets.*)

Each capsule or tablet provides:	
Semoxydrine® HCl (methamphetamine HCl), 5 mg., for its anorexigenic and mood-lifting effects
Pentobarbital, 20 mg., to guard against excitation
Thiamine Mononitrate, 0.5 mg., Riboflavin, 1 mg., and Nicotinic Acid (Niacin), 5 mg., to supplement the diet
Ascorbic Acid, 100 mg., to help mobilize tissue fluids

Obedrin and the 60-10-70 Basic Plan provide the three essentials of weight reduction:

1	2	3
Supervision by the physician	**A balanced eating plan**	**Supportive medication**

Obedrin curbs unhealthy food craving, enabling the patient to establish correct eating habits . . . first, to lose excess pounds and then, more important, to maintain optimum weight.

* Elsfelder, Henry W.: Treatment of Obesity. The Role of the Doctor, Drug and Diet in Weight Loss. Am. Pract. and Dig. of Treat., 5:778 (Oct., 1954).
Sherman, Robert J.: Weight Reduction. Med. Times, 82:107 (Feb., 1954).

Obedrin®

and the 60-10-70 Basic Plan provide an effective weight-control regimen

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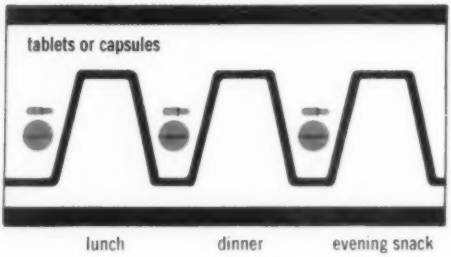
A FLEXIBLE DOSAGE FORM PROVIDES DEPENDABLE CONTROL OF APPETITE



The Obedrin formula permits a flexible dosage schedule to depress the appetite at peak hunger periods. The physician can adjust dosage to fit each patient's need.

ADVANTAGES OF OBEDRIN—

- A dependable anorexigenic agent!
- A flexible dosage form!
- Minimal central nervous stimulation!
- Vitamins to supplement the diet!
- No hazards of impaction!!!

Write for 60-10-70 menus, weight charts, and Obedrin samples. Used with the 60-10-70 Basic Plan, Obedrin offers an ideal weight-control regimen for the overweight patient.

Obedrin®

and the 60-10-70 Basic Plan

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for the tense and nervous patient

relief comes fast and comfortably

–does not produce autonomic side reactions
–does not impair mental efficiency, motor control, or normal behavior.

Usual Dosage: One or two 400 mg. tablets t.i.d.

Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets or as MEPROTABS*—400 mg. *unmarked*, coated tablets.

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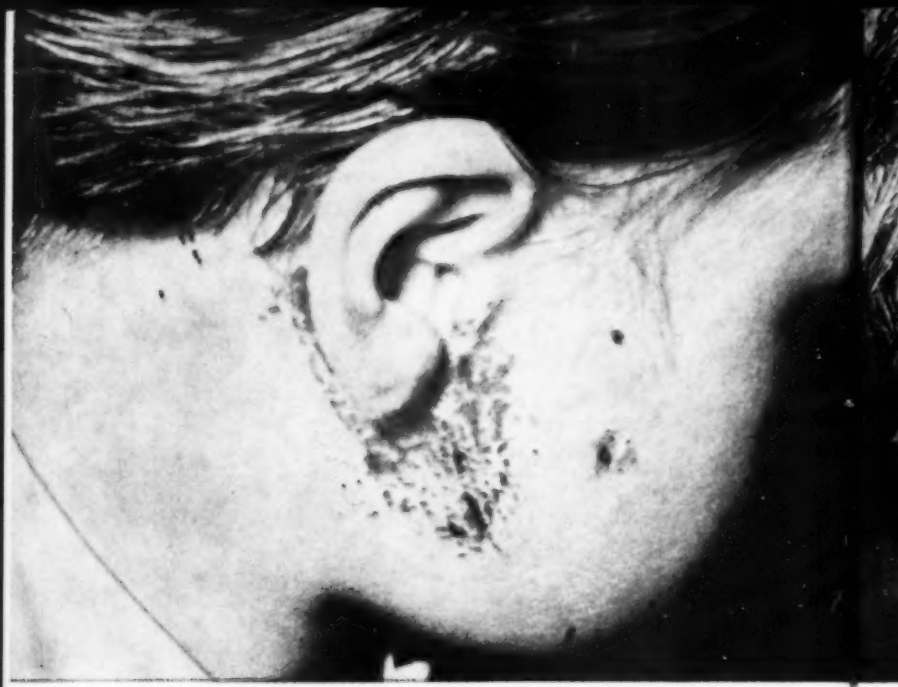

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NOW...
to relieve inflammation fast

- mg. for mg. the most active steroid topically—up to 40 times the potency of hydrocortisone
- optimal not minimal steroid concentration for peak effectiveness . . . maximal contact at the site of the lesion
- stops the itch-scratch cycle to aid inflammation relief and maintain patient comfort day and night
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- no irritating steroid particles, no sting, stain, smell, stickiness

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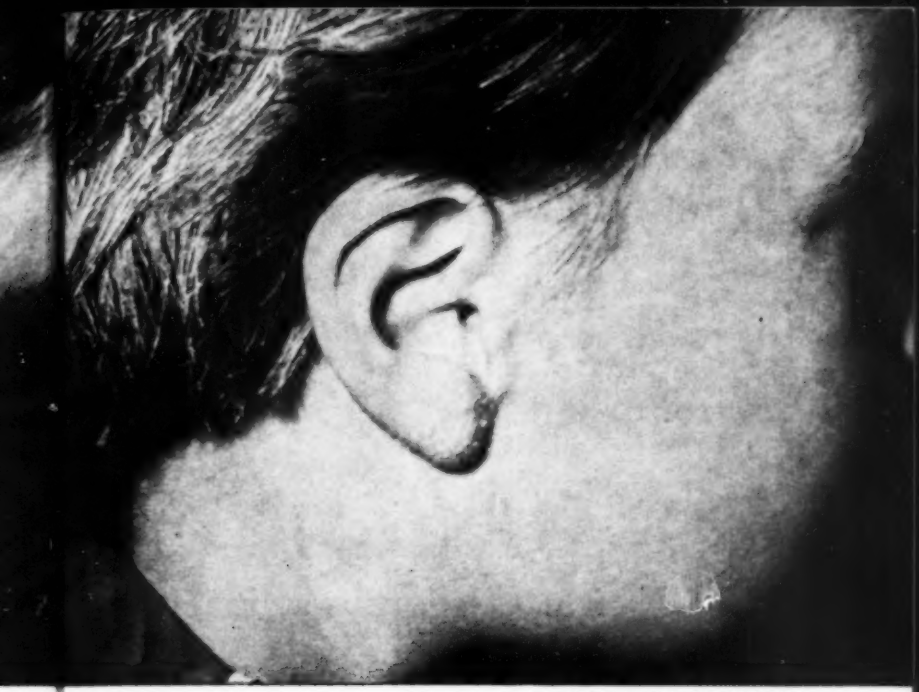

After treatment

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TOPICAL CREAM

NeoDecadron*

DEXAMETHASONE 21-PHOSPHATE—NEOMYCIN SULFATE

INDICATIONS: Allergic or inflammatory dermatoses, with or without pruritus; sunburn; insect bites; otitis externa (only if the drum is intact).

CAUTION: Steroids should not be used in the presence of tuberculosis of the skin.

DOSAGE: A small quantity of NeoDECADRON Topical Cream (0.1%) is applied to the affected area 2-3 times daily.

Additional information is available to physicians on request.

	active ingredients			
Product	Steroid Concentration	Dexamethasone 21-Phosphate (as the disodium salt)	Neomycin Sulfate	Supplied
NeoDECADRON Topical Cream	0.1%	1 mg./Gm.	5 mg./Gm. (equivalent to 3.5 mg. neomycin base)	5 Gm. (⅙ oz.) tube 15 Gm. (½ oz.) tube
DECADRON® Phosphate	0.1%	1 mg./Gm.	—	5 Gm. (⅙ oz.) tube 15 Gm. (½ oz.) tube

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HIGH BLOOD PRESSURE OFTEN RESPONDS BEST TO "ESIDRIX® COMBINATIONS"

Esidrix potentiates action of standard antihypertensives, achieves lower blood pressure levels with fewer side effects

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POTENTIATED THERAPY FOR MILD TO MODERATE HYPERTENSION

Singoserp, a man-made analog of reserpine, provides the antihypertensive effect of compounds found naturally in the rauwolfia root but causes fewer and less severe side effects. In combination with Esidrix, it lowers blood pressure more effectively than single-product therapy. SUPPLIED: Singoserp-Esidrix *Tablets* #2 (white), each containing 1 mg. of Singoserp and 25 mg. of Esidrix. *Tablets* #1 (white), each containing 0.5 mg. of Singoserp and 25 mg. of Esidrix.

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Serpasil-Esidrix gives anxiety-ridden hypertensive patients the pronounced central calming action they need while it brings their blood pressure down to lower levels than could be achieved with single-drug therapy. And the antihypertensive effect is faster — blood pressure usually begins to fall within the first few days of therapy. In addition, Serpasil-Esidrix controls the tachycardia that often accompanies hypertension. SUPPLIED: Serpasil-Esidrix *Tablets* (light orange, scored), each containing 0.1 mg. of Serpasil and 25 mg. of Esidrix.

Apresoline®-Esidrix® COMBINATION TABLETS

POTENTIATED THERAPY FOR ADVANCING HYPERTENSION

Apresoline-Esidrix is indicated in the treatment of moderate to severe forms of hypertension, especially if complicated by edema or impaired renal circulation; and in toxemias of pregnancy. Apresoline-Esidrix achieves the three most important therapeutic objectives in moderate to severe hypertension: **1.** Reduces diastolic as well as systolic blood pressure. **2.** Increases renal blood flow and relaxes cerebral vascular tone. **3.** Eliminates excess fluid. SUPPLIED: Apresoline-Esidrix *Tablets* (orange), each containing 25 mg. of Apresoline and 15 mg. of Esidrix.

CIBA

ESIDRIX® (hydrochlorothiazide CIBA) / SINGOSERP®-ESIDRIX® (syrosingopine and hydrochlorothiazide CIBA) / SERPASIL®-ESIDRIX® (reserpine and hydrochlorothiazide CIBA) / APRESOLINE® hydrochloride-ESIDRIX® (hydralazine hydrochloride and hydrochlorothiazide CIBA)

News

and groups of twenty or less.

Because of this deductible, the 23,000 subscribers affected will pay lower rates. Group coverage for a family, for example, drops from $9.40 a month to $4.50. But now the subscriber himself has to pay $50 in hospital bills for each member of the family before coverage starts.

The new deductible was ordered by a state commission investigating the plan's inability to maintain its required $3,000,000 reserve fund despite successive rate increases. One commissioner recommended the deductible clause for all contracts. But the final order leaves full coverage for large groups still in force.

This partial cut in service, says Dr. Richard J. Ackart, plan director, will help Blue Cross to build up its reserves by (1) eliminating payment of a large number of small claims, (2) lopping $50 off larger claims, and (3) "discouraging subscribers from demanding unnecessary hospitalization."

Tax Status of P.G. Study Is Argued in Court Again

When a physician tax-deducts the cost of post-graduate training as a business expense, he'd better be able to prove the training was taken to improve his skill in his *pres-*

ent practice. That's the significance of a recent Tax Court decision that went against two Washington, D.C., psychiatrists.*

The two men had deducted the cost of psychoanalytic study at the Washington and Chicago Psychoanalytic Institutes. They had attended lectures and seminars, conducted analyses on several patients, and undergone personal psychoanalysis by faculty members.

One psychiatrist deducted $2,625 he'd paid for training in 1954. The other deducted $1,255 for 1954 and $1,795 for 1955. Both argued that they had taken the training to improve their skill as psychiatrists. But the Internal Revenue Service disagreed. And, in a split decision, so did the Tax Court.

"In [attending] the Institute, they were acquiring a new skill, not improving or sharpening up one they already possessed," it ruled. Thus the court apparently viewed psychoanalysis as a separate specialty field: "[It] is certainly a recognized specialty in the sense that it is a special technique that requires affiliation with Institutes before there is any recognition amongst doctors that one is qualified to practice it."

But five of the Tax Court's eighteen judges disagreed with the majority view. So the physicians have a good chance of appealing to the District Court.

Does It Pay to Follow the Lead of Investment Trusts?

Suppose a doctor reads that a big investment company has added, say, 35,000 shares of Kaiser Aluminum & Chemicals to its portfolio. Is this a tip-off for him to buy Kaiser Aluminum stock too?

Not necessarily. Not if he's looking for quick profits, says The Exchange, a magazine published by the New York Stock Exchange.

Recently it looked into some portfolio changes made by five major closed-end investment companies. Under scrutiny were sixteen common stocks that these investment companies had purchased during the second quarter of 1959. The companies hadn't owned any of these stocks during the first quarter. So the news that they were buying them doubtless inspired more than one smaller investor to buy too.

But the sixteen stocks didn't exactly skyrocket afterward. One, Ford Motor, gained about 10 per cent from the end of the second quarter to the end of the third. Two more—Kaiser Aluminum and U.S. Steel—showed a gain of

More on 44

*See also "How to Get the Best Tax Break on P.G. Courses," MEDICAL ECONOMICS, Nov. 24, 1958, p. 140.

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Vitamin A and D
Ointment
clinically
well established
for its
emollient-protective
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now also available
with 0.5 per cent
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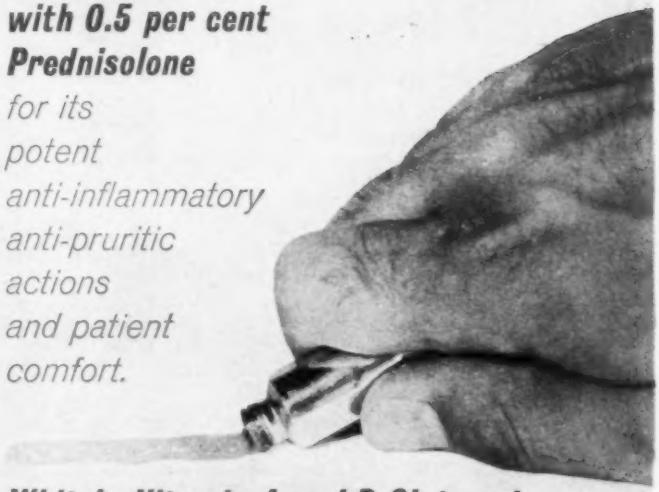

White's Vitamin A and D Ointment
with Prednisolone *0.5 per cent*

In 10 and 25 Gm. tubes on prescription.

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children
from
this

ORAL PENICILLIN
with
INJECTION
PERFORMANCE

For both pediatric and adult patients, PEN·VEE K, in either tablet or liquid form, provides high penicillin blood levels rapidly and reliably. It may be prescribed for all infections responsive to oral penicillin . . . and even many usually treated with parenteral penicillin.

The flexibility of dosage form, pleasant taste, and high potency of PEN·VEE K assure acceptability of the full therapeutic dosage.

SUPPLIED: Liquid: raspberry-flavored, 125 mg. (200,000 units) per 5-cc. teaspoonful, supplied as vials of powder to make 40 and 80 cc.; peach-flavored, 250 mg. (400,000 units) per 5-cc. teaspoonful, supplied as vial of powder and bottle of diluent to make 40 cc. Tablets: 125 mg. (200,000 units) and 250 mg. (400,000 units) in vials of 36.

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A Century of
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PEN·VEE®

Liquid: Penicillin V Potassium for Oral Solution; Tablets: Penicillin V Potassium, Wyeth

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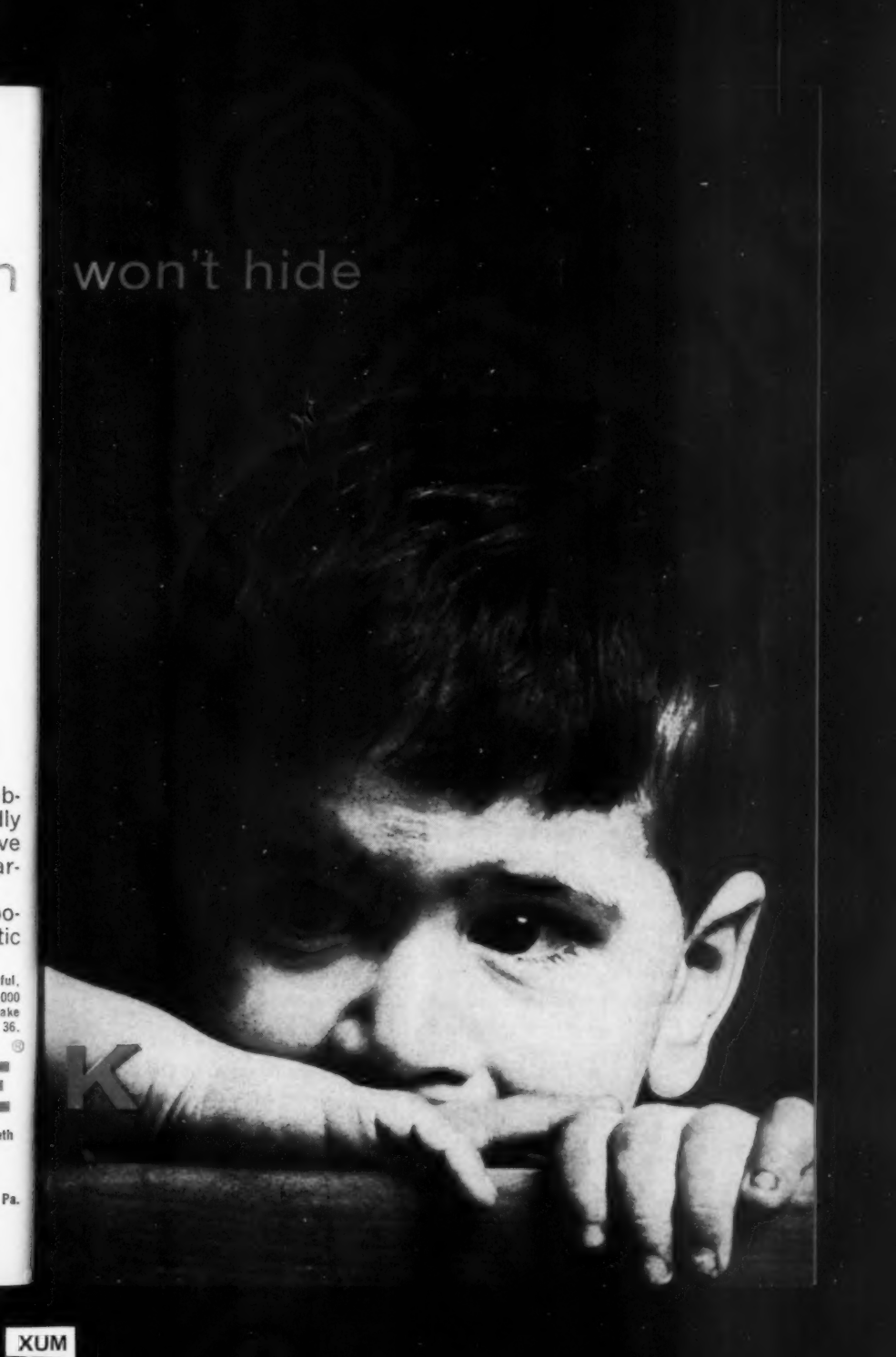

won't hide

about 3 per cent. As for the other thirteen stocks, the market price of each of them sank at least 3 per cent. One—Halliburton Oil Well Cementing—dropped almost 19 per cent.

Does this rule out the investment trusts as a guide to the small investor? The Exchange doesn't say. It points out that when the big institutional investors buy a sizable block of stock, they usually "don't count on quick profits." So it appears that the doctor who chooses to tag along shouldn't count on an early harvest, either.

Lawyer Explains High Cost Of Legal Help

One reason malpractice insurance costs so much may be the high fees that carriers must pay defense lawyers. Now a lawyer explains that many of his colleagues are forced to keep their fees up because a lawyer has such a big overhead—and has so many other things to do besides just practicing law.

Lawyer Philip J. Hermann of Cleveland reports that "it is difficult for even a hard-working lawyer to put in more than 1,200 chargeable hours per year"—about twenty-three hours a week. That's because a lawyer uses so much time for "running the office, salesmen, friends, personal business, vacations, bar conventions, legal seminars, [and] reading the new court decisions and legal articles."

So when a lawyer's office overhead "is divided into chargeable hours [often] it is in excess of $10 per hour and [sometimes] actually over $20 per hour," Attorney Hermann figures.

"If a lawyer who desires to earn $12,000 per year has an overhead of $10 per hour, he must charge $20 per hour to the client. The lawyer whose overhead is $20 must charge $30 to the client. If the attorney desires to earn more or the senior partners desire to make a profit on him, an additional sum must be added to the hourly rate."

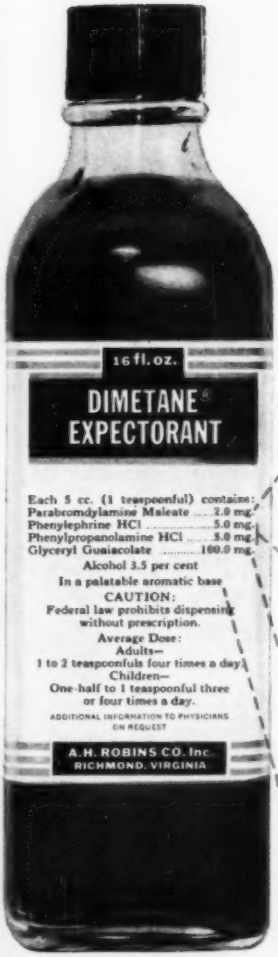
Besides, the attorney adds candidly, "if you look at most law offices, you may agree with the observation of a well-known efficiency expert—that law firms are generally found among the lower 5 per cent of the least efficiently run businesses."

Rate All Surgery Major, Surgeon Proposes

"All surgery should be considered to be of major significance, and the classifications of 'intermediate' and 'minor' surgery should be abolished."

That's the proposal of Dr. Robert S. Myers, assistant director of

More on 48



see how this new comprehensive formula controls cough!

the antihistamine most likely to succeed

two highly approved decongestants

the expectorant that works best— increases respiratory tract fluid almost 200%

tastes good!

for less frequent, more productive cough

DIMETANE® EXPECTORANT Robins

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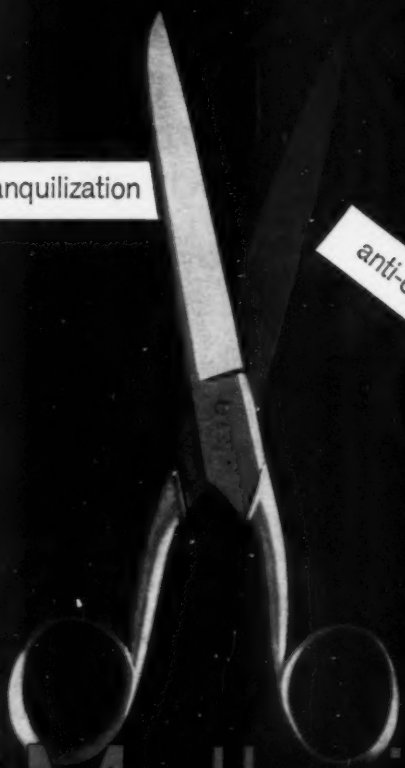
with added dihydrocodeinone 1.8 mg./5 cc. when additional cough suppressant action is needed

NOW . . . SAFER, EFFECTIVE TRANQUILIZER THERAPY



greater specificity of tranquilizing action —divorced from such "diffuse" effects as anti-emetic action —explains why

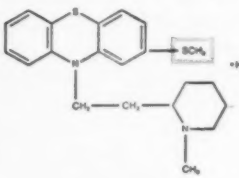
Mellaril

THIORIDAZINE HCl

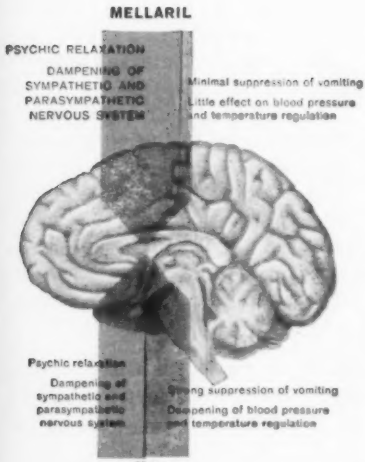
is virtually free of such toxic effects as jaundice, Parkinsonism, blood dyscrasia

"Thioridazine [MELLARIL] is as effective as the best available phenothiazine, but with appreciably less toxic effects than those demonstrated with other phenothiazines. . . . This drug appears to represent a major addition to the safe and effective treatment of a wide range of psychological disturbances seen daily in the clinics or by the general practitioner."*

greater specificity of tranquilizing action results in fewer side effects



The presence of a thiomethyl radical (S-CH₃) is unique in Mellaril and could be responsible for the relative absence of side effects and greater specificity of psychotherapeutic action. This is shown clinically by:



1 **A specificity of action on certain brain sites in contrast to the more generalized or "diffuse" action of other phenothiazines. This is evidenced by a lack of appreciable anti-emetic effect.**

2 **Less "spill-over" action to other brain areas — hence, absence of undue sedation, drowsiness or autonomic disturbances.**

3 **A notable absence of extrapyramidal stimulation.**

4 **Lack of impairment of patient's normal drive and energy.**

5 **Virtual freedom from such toxic effects as jaundice, photosensitivity, skin eruptions, blood forming disorders.**

Indication	Usual Starting Dose	Total Daily Dosage Range
ADULTS: Mental and Emotional Disturbances:		
MILD—where anxiety, apprehension and tension are present	10 mg. t. i. d.	20-60 mg.
MODERATE—where agitation exists in psychoneuroses, alcoholism, intractable pain, senility, etc.	25 mg. t. i. d.	50-200 mg.
SEVERE—in agitated psychotic states as schizophrenia, manic depressive, toxic psychoses, etc.:		
Ambulatory	100 mg. t. i. d.	200-400 mg.
Hospitalized	100 mg. t. i. d.	200-800 mg.
CHILDREN: BEHAVIOR PROBLEMS IN CHILDREN	10 mg. t. i. d.	20-40 mg.

Mellaril Tablets, 10 mg., 25 mg., 100 mg.

[9]Ostfeld, A. M.: Scientific Exhibit, American Academy of General Practice, San Francisco, April 6-9, 1959.

SANDOZ

the American College of Surgeons. "All surgical procedures require judgment as well as technical proficiency," he adds. "Such qualifications do not come in 'intermediate' or 'minor' quantities."

Arguing the uselessness of such classifications, he points to definitions once used by the A.C.S. He says that these definitions raise more questions than they answer:

"*Major privileges* will allow the physician to treat patients when . . . such treatment involves a serious hazard to the life of the patient. *Intermediate privileges* will allow the physician to treat patients when . . . such treatment does not involve a serious hazard to the life of the patient but does involve a danger of disability. *Minor privileges* will allow the physician to treat patients when . . . such treatment does not involve either a serious hazard to the life of a patient or a danger of disability."

Myers

Why are such definitions meaningless? Because no one can say with assurance when a serious hazard to life or a danger of disability will be caused by a specific operation, argues Dr. Myers.

"What about the innocent-appearing mole of the leg (frequently considered minor) which proves, on excision, to be a malignant melanoma?" he asks. "What about the complete fracture of the fifth metacarpal bone of the hand (also frequently held in light regard) which is improperly set?"

Because of such cases, Dr. Myers recommends that "surgical privileges should be granted upon the basis of training, experience, and demonstrated competence of the physician . . . The surgeon should be qualified to deal properly with any condition that may arise in his field of practice."

M.D. on Party Line Gets Last Word—in Court

A physician may not always be able to make a party-line telephone user give way for an emergency call. But later he can teach the offender a good lesson. That's the experience of a doctor who recently took two talkative housewives to court because they refused to hang up.

Dr. Marvin Becker of Newark, N.J., had asked the two women to give up a party line so he could call an ambulance for a heart-attack victim. But even after repeating his request five times during their conversation, he was stymied.

More on 52

too busy to give herself

the special care she needs

NATALINS® COMPREHENSIVE

tablets

Vitamins and minerals, Mead Johnson

a prenatal supplement especially for the multipara†

Convenient one-tablet-a-day dosage

Circumstances often combine to increase the multipara's chances of diet deficiency. With children to care for, she uses more energy, yet may not take the time to replenish it by eating properly. In addition, her store of nutrients may have been depleted by previous pregnancies. The result, as one study* of over 1,000 obstetrical patients has shown, is a greater tendency toward anemia among multiparas.

statistics show...

primigravidas	24 per cent anemic*
multiparas	36.8 per cent anemic*

Natalins Comprehensive tablets have been formulated to meet this need—by supplying generous amounts of iron (40 mg. per tablet), ascorbic acid (100 mg. per tablet), calcium (250 mg. per tablet) and nine other significant vitamins and minerals. It naturally follows that this formulation will be more than adequate for the primigravida as well.

also available NATALINS® Basic tablets
Vitamins and minerals, Mead Johnson
supplying four basic vitamins and minerals

*Traylor, J. B., and Torpin, R.: Am. J. Obst. & Gynec. 61:71-74 (Jan.) 1951.

†Projected estimate from data of U.S. Office of Vital Statistics indicated that 3 out of 4 births in 1950 were to multiparas.

Mead Johnson
Symbol of service in medicine

Lifts depression...

You see an improvement within a few days Thanks to your prompt treatment and the quick, smooth action of Deprol, her depression is relieved and her anxiety and tension calmed — *often in a few days.* She eats well, sleeps well and soon returns to her normal activities.

...as it calms anxiety!

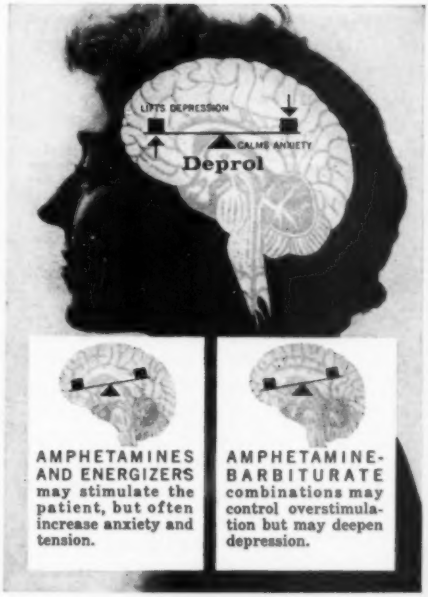
Smooth, balanced action lifts depression as it calms anxiety... swiftly and safely

Balances the mood—no "seesaw" effect of amphetamine-barbiturates and energizers. While amphetamines and energizers may stimulate the patient—*they often aggravate anxiety and tension.* And although amphetamine-barbiturate combinations may counteract excessive stimulation—*they often deepen depression.*

In contrast to such "seesaw" effects, Deprol lifts depression as it calms anxiety—both at the same time.

Acts swiftly—the patient often feels better within a few days. Unlike the delayed action of other drugs which may take two to six weeks to bring results, Deprol's smooth, immediate action relieves the patient quickly—often within a few days.

Acts safely—no danger of liver damage. Deprol does not produce liver damage, hypotension, psychotic reactions or changes in sexual function—frequently reported with other drugs.



Dosage: Usual starting dose is 1 tablet q.i.d. When necessary, this may be gradually increased up to 3 tablets q.i.d.
Composition: 1 mg. 2-diethylaminoethyl benzilate hydrochloride (benactyzine HCl) and 400 mg. meprobamate.
Supplied: Bottles of 50 light-pink, scored tablets. Write for literature and samples.

▲Deprol▲®

CO-1211

WALLACE LABORATORIES / *New Brunswick, N. J.*

Lifts depression...

You see an improvement within a few days Thanks to your prompt treatment and the quick, smooth action of Deprol, her depression is relieved and her anxiety and tension calmed – *often in a few days.* She eats well, sleeps well and soon returns to her normal activities.

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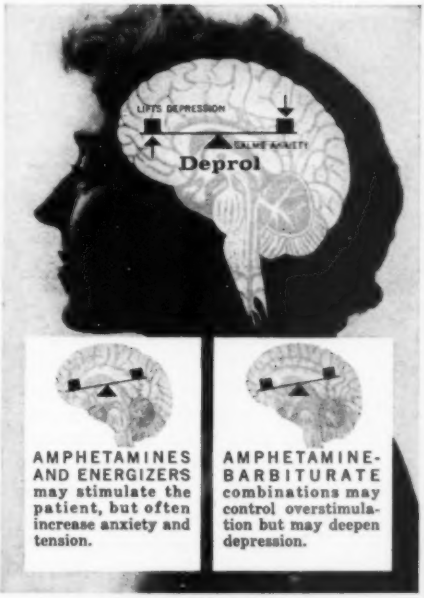

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To be specific, one woman told him he was "a foxy one, and we're not going to get off the phone." The other answered his request more bluntly: "You can go to hell!"

After the doctor had told the patient's daughter to go next door to call the police, the women finally hung up, he testified in court. The magistrate fined one woman $200. He reserved decision on a motion to dismiss the charge against the woman on the other end of the line.

'Deflation or Bankruptcy' Called U.S. Alternatives

"Is Uncle Sam insolvent? Will the United States Treasury soon be unable to pay its debts?" An independent economic research institution asks those questions—and suggests that the answer is yes. It also tries to preview how that event will affect the investor.

The American Institute for Economic Research at Great Barrington, Mass., recently made its grim prediction after surveying the gold supply situation. Against $11,000,000,000 in gold that the Government is presently required by law to keep on hand, Uncle Sam faces a growing domestic and foreign debt.

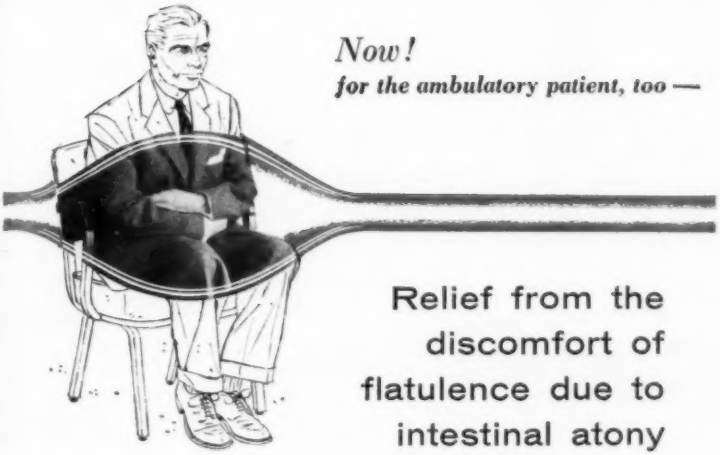
On domestic debts, the Government need not pay gold and can easily maintain solvency, says the Institute, "by the simple expedient of stuffing Government securities into the commercial banks." That would have the same inflationary effect as printing more money.

But for foreign debts, this procedure won't work. The Institute notes that foreign creditors may collect 1/35 of an ounce of gold for every dollar that's due them. Recently they actually have been collecting it. If the Government puts aside enough to cover what it already owes foreign creditors, the Institute figures that Uncle Sam will have only $3,000,000,000 in gold left over. That means "$140,000,000,000 of paper and credit purchasing media [is now] pyramided on the slender foundation of only $3,000,000,000 gold."

Suppose foreign creditors keep taking gold. Then the Great Barrington group predicts that in a few months Uncle Sam will be insolvent. "The supposed tower of financial strength for the free world [will become] simply another bankrupt nation," it declares. This will leave the Government with two choices, both bad:

1. It will refuse to pay foreign creditors any more gold. Then the dollar may depreciate in foreign markets. And U.S. citizens may

More on 56



Now!

for the ambulatory patient, too —

Relief from the discomfort of flatulence due to intestinal atony

WARREN-TEED

ILOPAN®-CHOLINE tablets

The successful use of parenteral ILOPAN for prevention and relief of postsurgical retention of flatus and feces has brought demands for similarly effective medication for ambulatory patients — those suffering from intestinal atonia and/or gas retention, as such, or as complications of geriatric problems, gastric hyperacidity, gastritis, pregnancy, irritable colon, ureteroenterostomy, regional ileitis, splenic flexure syndrome, infectious hepatitis, cholecystitis.

To ILOPAN (d-pantothenyl alcohol, W-T) has been added CHOLINE. Pantothenyl alcohol aids formation of coenzyme A essential to acetylation of choline. Choline is the parent substance of acetylcholine necessary for gastrointestinal tonus. *Effectiveness? — 90% in three independent clinical evaluations of patients aged 20 to 80! And safe.*

COMPOSITION: Each tablet contains Ilopan (brand of d-pantothenyl alcohol) 50 mg., choline bitartrate 25 mg.

INDICATIONS: Gas retention in the atonic gastrointestinal tract of ambulatory patients.

DOSAGE: Two tablets three times daily. Three tablets three times daily in severe cases.

HOW SUPPLIED: Bottles of 100 and 500.

THE WARREN-TEED PRODUCTS COMPANY

COLUMBUS 8, OHIO

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SYMPOSIUM REPORT:

ALTAFUR in surgical (soft tissue) infections

In a series of 159 patients with various surgical infections (cellulitis, abscess, wound infections), ALTAFUR was employed with eminently satisfactory results. The incidence and magnitude of surgery were considerably reduced, and when surgical intervention was necessary it could be delayed until the inflammatory process had receded or become localized.

Excellent therapeutic response was obtained in patients with infections due to coagulase positive Staphylococcus aureus, beta hemolytic Streptococcus, and Escherichia coli; these organisms were uniformly susceptible to ALTAFUR in vitro. An insensitive strain of Pseudomonas aeruginosa was isolated from the single patient who failed to respond.

The majority of patients received ALTAFUR 100 mg. four times daily per os.* Duration of treatment ranged from 4 to 30 days, averaged 6 days. There was no clinical or laboratory evidence of toxicity in any case, and ALTAFUR was well tolerated by all but 1 of the 159 patients.

Prigot, A.; Felix, A. J., and Mullins, S.: Paper presented at the Symposium on Antibacterial Therapy, Michigan and Wayne County Academies of General Practice, Detroit, Sept. 12, 1959 (published Nov. 1959).

*Experimental dosage (see dosage recommendations adjacent)

rush to buy up assets like stock and real estate. Or . . .

2. It will do away with the laws about keeping gold on hand. Then it will keep paying gold abroad until there's no more left. At that point, it's anyone's guess what will happen. The Government may try to head off deflation by printing more money. If it does, people may rush to buy stocks. If it doesn't, investors may dump their stocks in a hurry and "hoard currency . . . or perhaps invest in bonds."

How did the country get into such a predicament? The American Institute for Economic Research blames "an almost incredible succession of economic and financial follies." These are listed as "monetization" of the debt, stockpiling of defense armaments, farm policies, wage increases, and labor "featherbedding."

Its conclusion: "Inflation must end and some deflation must occur" in order to avoid national bankruptcy.

Should Telephone Book List Medical Society Members?

Should members of county medical societies be so identified in the telephone book? Yes, said the board of directors of one society last year. No, replied other members. After hot debate, a referendum was held. Result: San Francisco Medical Society members have vetoed the phone-book listing by more than 2 to 1.

Specifically, the majority refused to authorize the words "Member of the San Francisco Medical Society" after doctors' names in the directory. The society's directors had unanimously approved the listing. But rank-and-file opposition mounted, and a referendum was called for. The final vote: 737 against the listing; 302 in favor.

Before the referendum, the editor of the society's bulletin opened his columns for debate. It showed physicians opposed the listing on these grounds:

1. Telephone listings would be a form of advertising, and therefore unethical. Moreover, they might be an opening wedge for other types of telephone-book listing.

Replied the medical society's Advisory Council: "Such a listing is ethical, and actually advertises the Society rather than an individual." Why should the medical society be advertised? To strengthen its hand in dealing with "complaints . . . from disgruntled patients" about nonmember doctors, the Advisory Council argued.

2. Listings would be an indirect criticism of doctors who didn't belong to the society.

More▶

Replied the Advisory Council: "The listing [would imply] a willingness to abide by the ethical principles of the Society."

3. Young doctors just opening offices would be unfairly judged. They'd usually have a telephone before being admitted to the society. The fact that they weren't yet listed as society members might cast "a veil of doubt as to their ethics."

4. The "$15,000 subsidy" that would be paid the telephone company could be better used for other projects.

Replied the Advisory Council, as part of its losing argument: "The listing [would] cost 75 cents per month per member . . . a remarkable bargain."

1960 Still Seen as a Good Year for the Investor

According to New Year's predictions, 1960 is supposed to be a good year for people with money to invest. How is that profit picture shaping up so far?

Most economists are sticking to their earlier statements that the year looks fine for business—and for investors. They point to these cheering probabilities:

¶ Total national output will probably top the $500,000,000,000 mark for the first time ever.

¶ Consumer spending is expected to gain too—maybe 6 per cent above last year's estimated $330,000,000,000.

¶ Industrial spending for plant and equipment may go up as much as 14 per cent.

¶ As a result of the above, corporate earnings will probably be 12 to 15 per cent higher than in 1959, with dividends up 5 to 7 per cent.

That's the general picture. What about specific investment areas? The expert consensus seems to be this:

1. Steel. Inventories depleted by the steel strike have to be rebuilt, and industrial activity will be generally high. So steel operations and profits are expected to reach a new high in 1960.

Forecasts for steel production in 1960—barring long-lasting labor trouble—range from the American Iron & Steel Institute's estimate of 120,000,000 tons to a near-capacity total of 135,000,000 tons. That compares with 92,000,000 tons turned out in 1959.

As one result of the walkout, earnings for the steel industry as a whole lagged in 1959. But the record output expected for this year could boost profits to as high as 50 per cent above those in the "disappointing" past two years.

More on 62

WHENEVER COUGH THERAPY IS INDICATED

Hycomine SYRUP

THE *complete* Rx FOR COUGH CONTROL

cough sedative / antihistamine / expectorant

- relieves cough and associated symptoms in 15-20 minutes
- effective for 6 hours or longer
- promotes expectoration
- rarely constipates
- agreeably cherry-flavored

NOW MORE EFFECTIVE THAN EVER WITH THE NASAL DECONGESTANT PHENYLEPHRINE

Each teaspoonful (5 cc.) of Hycomine® contains:

Hycodan®		
Dihydrocodeinone Bitartrate (Warning: May be habit-forming)	5 mg.	6.5 mg.
Hometropine Methylbromide	1.5 mg.	
Pyrilamine Maleate		12.5 mg.
Phenylephrine Hydrochloride		10 mg.
Ammonium Chloride		60 mg.
Sodium Citrate		85 mg.

Supplied: As a pleasant-to-take syrup. May be habit-forming. Federal law permits oral prescription.

Endo® *Literature on request*

ENDO LABORATORIES Richmond Hill 18, New York

* U.S. Pat. 2,840,499

relieves both pain and stiffness with speed and safety

". . . SOMA is very effective in decreasing paravertebral muscle spasm and the associated back pain. Its administration is simple; it is effective for reasonably long periods of time; and evidences of toxicity are rare even on prolonged use."
Frankel, K.: Neurological aspects of low back pain, presented at a Scientific Meeting, New York State Society of Industrial Medicine, Inc., New York, Sept. 30, 1959.

RESULTS WITH SOMA IN THE LOW BACK SYNDROME

Investigators' reports to the Medical Department, Wallace Laboratories. (Total of 278 cases)

NOTABLE SAFETY—extremely low toxicity; no known contraindications; side effects are rare; drowsiness may occur, usually at higher dosage

FAST ACTION—starts to act promptly

SUSTAINED EFFECT—relief lasts up to 6 hours

EASY TO USE — usual adult dose is one 350 mg. tablet 3 times daily and at bedtime

SUPPLIED—as white, coated 350 mg. tablets, bottles of 50. Also available for pediatric use: 250 mg. orange capsules, bottles of 50

SOMA T. M.

(carisoprodol Wallace)

The only drug combining analgesia with muscle relaxation in a single molecule

Literature and samples on request

WALLACE LABORATORIES, New Brunswick, New Jersey

2. Automobiles. It may well be the best year for the auto industry since 1955. Demand has been good for most 1960 models, especially the new compact cars. And domestic car production, slowed down by steel shortages, will need to catch up. So estimates of total output now hover at or above 7,000,000 cars. That's 25 per cent over the 1959 output, and compares with 7,900,000 cars produced in the boom year 1955.

Like car sales, profits are expected to top the 1959 level and to come close to 1955's record high. Ford Motor paid higher dividends in 1959, and the trend may continue.

3. Paper and paperboard. This key industry is expected to turn in a better production record in 1960 than even its last year's high mark. Operations throughout 1959 were at 91 to 94 per cent of capacity. Production may reach 95 to 97 per cent of capacity during 1960.

Such new production highs alone can mean higher profits. There's also the possibility of price hikes in paperboard products. If profit margins rise in turn, some paper and paperboard makers may chalk up 20 to 40 per cent gains.

4. Railroads. Most railroads also have hopes of reporting higher income in 1960. Some may earn at least 25 per cent more than in 1959. But problems—principally wage demands—still face the industry. Dwindling tax benefits from stepped-up debt amortization will also reduce net income.

Even so, the pent-up demand for steel, the good outlook for the auto industry, and gains in other fields are working for the railroads. According to an economic forecast made by National Securities and Research Corp., these forces can boost revenue of Class 1 railroads about 5 per cent, and net income to an estimated $730,000,000—from about $600,000,000 last year.

5. Other industries. The outlook is rosy in many fields besides the above-named. The chemicals industry is expected to make an excellent showing. Profit prospects for the defense industries—electronics, missiles, etc.—are also good; but many securities analysts think their stocks are "selling at silly prices." Higher profits are also predicted for the aluminum, office equipment, recreation, rubber, shoe and leather, and tobacco industries.

Other industries will remain fairly static for their own reasons. Hardly anyone expects the oil industry to show much more than a normal growth in income. For that very reason, though, some oil stocks have been sold off to the

now...
an
iron-plus
formula
with the
"plus"
in the
iron
itself

CHĒL-IRON PLUS TABLETS

BRAND OF FERROCHOLINATE* TRADEMARK

CHELATED IRON... like the iron of hemoglobin... clinically confirmed as effective in hematopoiesis[1]... with a **built-in molecular barrier** against g.i. intolerance and systemic toxicity.[1,2] Permits administration on empty stomach for greater iron uptake... safeguards children in the home against growing problem of accidental iron poisoning.[1,3]

PLUS ESSENTIAL VITAMINS... effective levels of B_{12}, folic acid, five other B vitamins, and C — with particular emphasis on pyridoxine, especially important during pregnancy.

Usual Dosage: 1 tablet t.i.d.
Also Available: CHĒL-IRON Tablets, Liquid, and Pediatric Drops.

1. Franklin, M., et al.: J.A.M.A. 166:1685, 1958. 2. A.M.A. Council on Drugs: J.A.M.A. 127:891, 1959. 3. A.M.A. Committee on Toxicology: J.A.M.A. 170:676, 1959.

Kimmay
Columbus, Indiana

*U. S. PAT. 2,875,611

point that may make them good buys.

On the down side, too, may be farm-equipment makers. They'll probably be hurt by a further drop in farmers' incomes. The building industry faces a decline—especially in home building. Other "soft spots" in the economy may develop during the last part of the year, when stepped-up industrial production has filled the artificial gaps caused by lack of steel.

But the over-all outlook for 1960 still seems well summarized in the words of the U.S. Department of Commerce's Louis J. Paradiso: "I think we will have an exceedingly prosperous year [even if not one] of boom proportions." Adds Gerhard Colm of the National Planning Association: "Production, income, prices, and everything will be up."

Tax Reform to Ease Claims For Casualty Losses

Physicians will soon get a break on the timing of their income tax deductions for casualty and theft losses. If a new Treasury regulation takes effect as expected, a taxpayer will be able to claim part of a loss deduction for the year the loss occurs—and claim the rest on another year's tax return, without needing to file an amended tax return for the earlier year.

The anticipated ruling will be especially helpful to taxpayers who incur a loss that's only partly covered by insurance.

For example, suppose a taxpayer owns a building that is destroyed by fire in 1960. Suppose the depreciated value of the building is $10,000. Of this amount, let's say the taxpayer *expects* an insurance recovery of around $8,000 in 1961. But he isn't certain of the exact amount the insurance firm will pay.

Under the new rule, the taxpayer will be permitted to claim on his tax return for 1960 an initial loss deduction of $2,000 ($10,000 minus $8,000). Then when the insurance company settles in 1961, if it pays him only $7,000 instead of the $8,000 he'd anticipated, he can deduct an additional $1,000 on his 1961 tax return.

Under the present rule, he must adjust such deductions by filing an amended return for the year the loss occurred.

Taxpayers who suffer losses before final adoption of the new rule may use either the old or the new way to report them.

Tax experts expect the new regulation to be adopted within the next few months. "It's so logical and practical that it's a wonder it hasn't been the rule all along," says one. END

not sweet, not bitter

TESSALON®
is the tasteless cough controller

The problem of taste, which can be a hindrance to effective cough therapy, simply does not exist with Tessalon perles. There is no gagging, no refusal, no delaying, no "cheating"—because Tessalon perles provide medication enclosed in *tasteless* gelatin spheres.

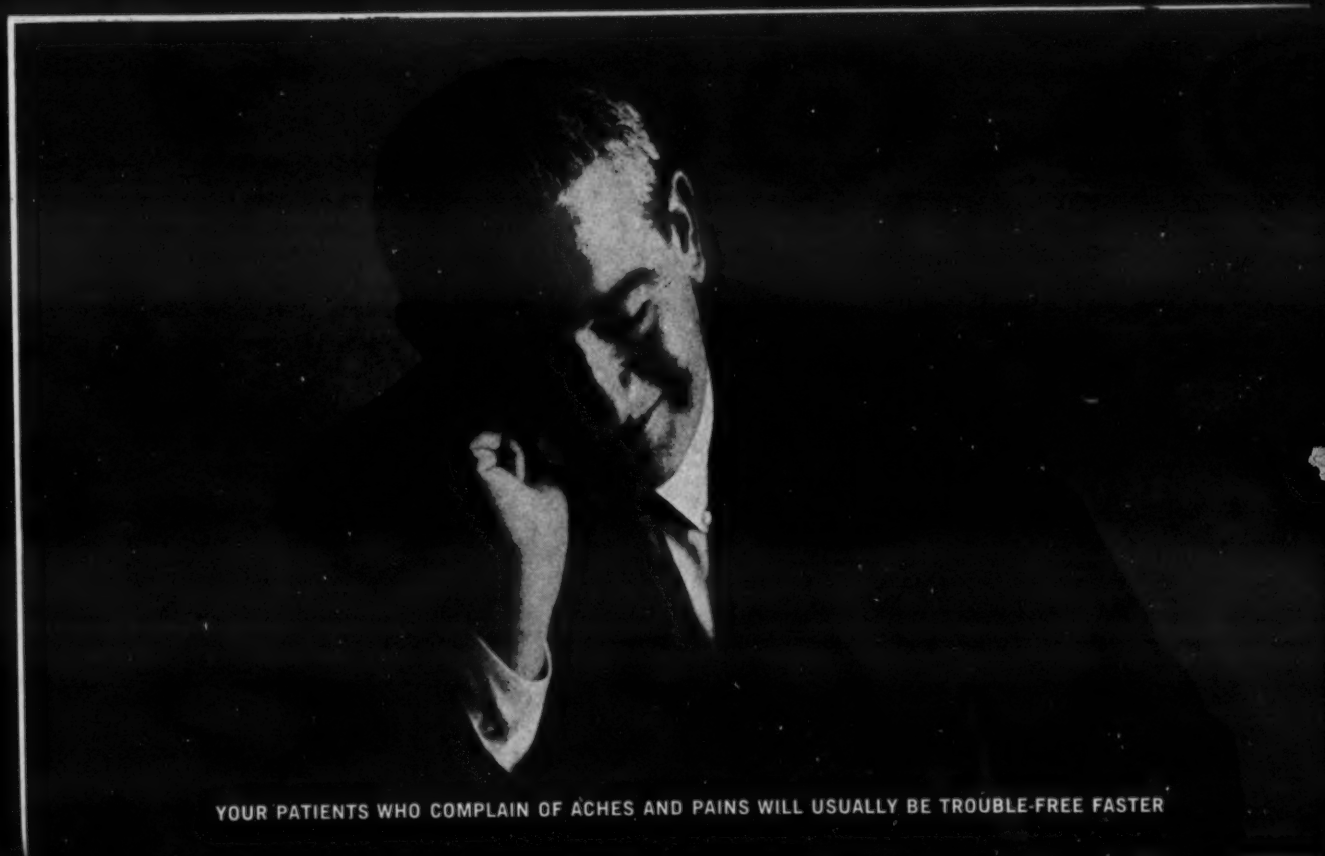
Tessalon, a nonnarcotic, is 2½ times as effective as codeine.* Tessalon acts both at the sensory receptors in the chest *and* the cough centers of the medulla. Furthermore, it controls cough frequency without interfering with productivity or expectoration; sputum is usually thinner, easier to raise. Tessalon acts within 15 or 20 minutes, controls cough for 3 to 8 hours. There are no major side effects. Whether for acute or chronic cough, whether for short- or long-term therapy, Tessalon has a remarkable margin of safety. Perles insure built-in, precise dosage—no sugar or sodium to interfere with diet, no problem of nausea. Tessalon perles are easy to swallow, easy to carry in pocket or purse.

SUPPLIED: Tessalon *Perles*, 100 mg. (yellow); bottles of 100. Tessalon *Pediatric Perles* (for children under 10), 50 mg. (red); bottles of 100. *Also available* (for use when oral administration of Tessalon is precluded): *Ampols*, 1 ml. (5 mg.); cartons of 5.

* Shane, S. J., Krzyski, T. K., and Copp, E. L.: Canad. M.A.J. 77:606 (Sept. 15) 1957.

TESSALON® (benzonatate CIBA)

CIBA
SUMMIT, N. J.


YOUR PATIENTS WHO COMPLAIN OF ACHES AND PAINS WILL USUALLY BE TROUBLE-FREE FASTER

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FINALLY A FREELY SOLUBLE, NEUTRAL SALT OF ASPIRIN THAT REDUCES GASTRIC COMPLAINTS AND LOCAL IRRITATION

CALURIN is less likely to cause local irritation of the gastric mucosa...or produce chemical erosion or erosive gastritis[1] as insoluble, acid aspirin often does.[2-11] CALURIN is freely soluble...acts faster and is more readily absorbed, producing higher initial fasting blood levels[12] than a comparative dose of aspirin.

CALURIN™

(CALCIUM ACETYLSALICYLATE CARBAMIDE)

Each Calurin tablet is equivalent to 300 mg. (5 gr.) of acetylsalicylic acid.

References: 1. Muir, A.: Aspirin and Gastric Damage, Scientific Exhibit, A.M.A. Convention, Atlantic City, N. J., June 9-12, 1959. 2. Waterson, A. P.: Brit. M.J. 2:1531, 1955. 3. Editorial Comment: The effect of acetylsalicylic acid on the gastric mucosa, Canad. M.A.J. 80:47, 1959. 4. Muir, A., and Cossar, I. A.: Brit. M.J. 2:7, 1955. 5. Muir, A., and Cossar, I. A.: Lancet 1:539, 1959. 6. Schneider, E. M.: Gastroenterology 33:616, 1957. 7. Bayles, T. B., and Tenckhoff, H.: Salicylate Therapy in Rheumatic Diseases, Scientific Exhibit, Ann. Mtg. A.M.A., San Francisco, Calif., June, 1958. 8. Douthwaite, A. H., and Lintott, G. A. M.: Lancet 2:1222, 1938. 9. Batterman, R. C.: New Eng. J.M. 258:213, 1958. 10. Crank, G. A.: New Eng. J.M. 258:219, 1958. 11. Editorial: Aspirin plain and buffered, Brit. M.J. 1:349, 1959. 12. Smith, P. K.: Plasma concentration of salicylate after the administration of acetylsalicylic acid or calcium acetylsalicylate to human subjects, Report submitted to Smith-Dorsey from the Dept. of Pharmacology, Geo. Washington Univ. School of Medicine, Washington, D. C., Sept. 5, 1958.

SMITH-DORSEY · a division of The Wander Company · Lincoln, Nebraska

Even the Sandman's switched to Placidyl!
Short-acting and effective. Just right
wherever restful slumber is wanted
without barbiturates. But sleeping is believing.
Prescribe Placidyl and see.

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Placidyl® nudges your patient to sleep

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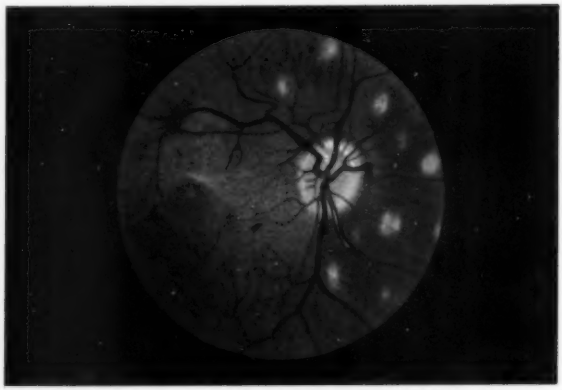

and the evidence mounts "In our total experience with this drug (Harmonyl®), no significant side-effects were observed requiring discontinuation of medication"[1]

The above and the following quotations are from a paper published in the New York Journal of Medicine, May 1959. They are further additions to the clinical literature that indicates Harmonyl is an especially trouble-free anti-hypertensive agent.

SUMMARY AND CONCLUSIONS

"1. A study of 40 patients (average age sixty-three years) treated with deserpidine is reported.

"2. Diagnoses included hypertension in 30 cases, 19 with and 11 without symptoms of anxiety neurosis.

"3. The usual dosage of deserpidine was 0.1 mg. three times daily after meals sometimes with an additional dose at bedtime. The average duration of treatment was five months.

"4. All of the 30 hypertensive patients experienced a reduction in blood pressure, the average fall being 33 mm. Hg systolic and 14 mm. Hg diastolic.

"5. Of the 29 patients having symptoms of anxiety neurosis, 11 experienced complete relief and 10 partial relief.

"6. Ten of the 11 patients who had previously experienced undesirable side-effects while under treatment with reserpine tolerated 0.3 mg. or more daily, but 1 tolerated only 0.2 mg. daily. Two patients on 0.3 mg. daily experienced a mild drowsiness, but this did not require stopping or reducing the dose.

"7. It is concluded that deserpidine is an effective agent for the management of essential hypertension and anxiety neurosis. Benefit appears comparable to that obtained by equal doses of reserpine, but there is a significant and worth-while reduction in the incidence of side-effects."[1]

1. Rawls, W. B., and Evans, W. L., Jr., Clinical Experience with Deserpidine in the Management of Hypertension and Anxiety Neurosis, New York J. Med., 59:1774, May 1959.

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Medical Economics

INDEPENDENT NATIONAL BUSINESS MAGAZINE FOR PHYSICIANS, FEB. 1, 1960

'REASONABLE FEES Speak Louder Than Words'

That's what these doctors are saying. They're trying a new, realistic approach to the problem of winning public confidence. They'll base a statewide publicity campaign on actions they're already taking to stop fee gouging and other abuses

BY JOHN R. LINDSEY

Not long ago, an East Coast attorney said to me: "I think one reason the malpractice problem seems to be getting out of hand is that doctors are too unyielding in their attitude toward the patient with a grievance. Medicine's frequent refusal to give an inch has resulted in a loss of public confidence. And the courts simply reflect public opinion."

At a medical meeting a few days later, I ran into a woman I know who edits a medical journal. She'd just got out of a taxi, and she told me that all the way across town to the meeting hall, the driver had talked furiously about doctors. "He was particularly sore about his own doctor," said my friend. "He'd been examined and, as he was leaving, he'd asked the doctor to take a

look at his little boy. The boy was with him and had the sniffles. As the taxi driver told it, the doctor said, 'All right. But I'll have to charge you for an extra visit. That'll be $6 more.'

"The taxi driver just couldn't understand it. 'That robber,' he kept muttering. 'All he did was take a look. A couple of minutes of his time for $6!'

"Now, the funny part of it to me," said the woman editor, "is that doctors are always talking about public relations. Why don't they try to relate better to people like that driver?"

I couldn't answer her then. But I can now. In at least one area, the medical men *are* making the effort she wants. Pennsylvania's doctors have embarked on a public relations program based not on pious generalizations, but on a direct attempt to solve individual problems of

"You and your bifocals!"

fees, medical services, hospital utilization, etc.

The Pennsylvanians' general idea is this: If they can reassure the public that it's getting the highest quality of medical care at reasonable cost, many of private medicine's public relations problems will disappear.

Their Worries Are Yours

Like doctors in other states, Pennsylvania physicians are worried about the possibility of Government intervention. They've also had more than their share of headaches with labor health plans, notably that of the United Mine Workers. So a number of the state's doctors have long urged their state society to launch an expensive public relations campaign aimed at closed-panel plans in general and at the U.M.W. health program in particular.

Such a campaign, said the interested doctors, would involve heavy advertising plus the services of top-flight public relations men. It would also involve a legal study of labor's right to operate medical-care programs and of organized medicine's right to discipline doctors who work with "unacceptable" plans like the U.M.W.'s. Estimated cost of the campaign: nearly $700,000 a year.

In short, the state society was asked to spend a lot of money for the kind of "unyielding" approach to public relations that I mentioned above. But many medical leaders weren't sure this was the best approach. One of the society's trustees put it this way: "We cannot remain merely defenders of the status quo ante."

Another put it even more bluntly: "We cannot be ostriches. We cannot bury our heads and kick sand in the faces of union leaders or others who believe that low-income groups have a right to good medical care."

Help From a New Source

To help them toward a decision, the doctors finally solicited some expert outside opinion. They hired Martin E. Segal & Co. of New York, consultants to health and welfare programs, as their advisers in medical eco-

nomics. And they took on the M. K. Mellott Company of Pittsburgh as their public relations advisers.

A Fresh Approach

Last autumn, both firms came through with the opinions they'd been asked for. An old-fashioned public relations battle of the kind that had been contemplated was out of the question, they said. They'd gladly plan a campaign—but, as Martin Segal put it, "many of our recommendations will be unpalatable to some doctors." And the Mellott firm warned:

"We do not feel that further moves toward the socialization of medicine would result primarily from the cleverness or aggressiveness of medicine's opponents. [Socialization is more likely to come] from the vulnerability of organized medicine—a vulnerability caused by public indifference towards the profession, confusion about its performance, and [doubt as to] the sincerity of private medicine's dedication to the public interest."

In October, at the Pennsylvania Medical Society's meeting in Pittsburgh, Martin Segal told the doctors bluntly that they were wasting their time fighting the United Mine Workers program. For one thing, he pointed out, the program covers only 38,600 miners in the state (which has a total population of more than 11,000,000). For another, "the program appears to be working satisfactorily, as far as the miners and the coal industry are concerned. Continued attacks by the medical profession will not undo it."

Every Knock a Boost?

In the third place, Segal added, many other labor groups aren't interested in a U.M.W. type of program. But he warned that they may become interested in one just *because* the profession is opposed to it. "Many important segments of labor and industry appear to gravitate toward those programs where the organized medical profession expresses its greatest hostility," he commented.

Ridiculous? Possibly. But, said Segal, "it's still a true commen-

tary on the image of the organized medical profession in the eyes of a substantial segment of the public." So he emphasized that "very little purpose would be served, and indeed much additional harm would be done, by further denunciations" of labor health plans.

The outcome of the experts' advice: Pennsylvania's doctors not only accepted it, but they went on to vote approval for a public relations campaign of the kind envisioned by Mellott and Segal. Such a program won't cost $700,000. Annual expenses are expected to fall somewhere between $150,000 and $210,000; they'll be met by a $20 a year dues increase for each of the medical society's 11,000 members.

The proponents of the more costly program have given up without a struggle. "What can we

"Windmills? Posh! I'm planning an assault on the Tennessee Valley Authority!"

do?" says Dr. Francis X. Bauer, spokesman for a number of doctors at the Allegheny Valley Hospital in Natrona Heights, a suburb of Pittsburgh. "The state society promises to achieve the same results we want. We can't quarrel with that. But I suspect we're treating too lightly the threat of piecemeal socialization by third-party plans."

The Majority Agree

The delegates at the October meeting evidently didn't share his doubts. They rallied almost unanimously to the view expressed by Dr. Russell B. Roth of Erie, one of the society's trustees:

"Our need isn't merely for some powerful advertising campaign to exalt our profession, nor for hard-bitten negotiators to hammer home our demands. Our position can be sound only when based on solid service. To the extent to which care has been substandard, we wish to elevate it. To the extent that economic abuses have developed, they should be curbed and prevented. To the extent that patients and third parties have been aggrieved, we wish to provide mechanisms for equity and justice. To the extent to which the medical profession has sustained a loss in public esteem, we wish to restore it."

A New Marshall Plan

As a first step toward gaining those ends, the delegates approved in principle a program already begun in the Pittsburgh area. The program is known as the "Marshall Plan," after one of its chief advocates, Dr. Matthew Marshall Jr. of Pittsburgh. It seeks to protect "the voluntary personal relationship between patient and physician from attack by those who would discredit it because of the few patients and physicians who have abused it."

The Marshall Plan functions chiefly through four main committees made up of physicians from four counties in and around Pittsburgh. Here's what each such committee does:

1. One body is set up to evaluate physicians' competence. This body is headed by Dr. John

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MY WORST BUSINESS MISTAKE:

Overlooking the Competition

EDITOR'S NOTE: *This magazine recently asked some 200 doctors what each of them considered the worst business mistake he had ever made and what lesson, if any, he had learned from it. Here's another in a series of brief articles culled from the doctors' thought-provoking replies. Its author is a New York State surgeon.*

About ten years ago, I obtained board certification in my surgical subspecialty. I'd taken most of my training in New York City, I had many friends there, and I had entree to a few of its hospitals. Besides, I like the big town. So I optimistically set up practice there.

What I gave absolutely no thought to was the amount of competition I'd face. There are scores of surgeons in Manhattan. And there are a number in my subspecialty, some of whom rank among the best in the country.

So the fact that I was well trained and had hospital privileges did me little good. I didn't get much chance to use my privileges, for the simple reason that not many patients were referred to me. In fact, it now amazes me that I managed to eke out a living during the next three years.

I finally threw in the sponge and decided to relocate. I answered a number of advertisements in the A.M.A. Journal. I

checked with a number of agencies. And I alerted my friends to my desire to move.

Before long, I turned up a small city that seemed very inviting. There were no physicians in the area who were certified in my subspecialty. What's more, a couple of internists there told me they hadn't always been satisfied with the local surgeons. The internists said they'd send me patients if I moved in.

Relocation wasn't easy. In my first year in the new community, the going was rough because I couldn't get hospital privileges. I *was* allowed to operate with the express permission of the superintendent of the local hospital. But because of pressure from some of the hospital's old guard, he eventually decided to make himself unavailable to me. For many months, I had to spend a great deal of time visiting doctors and laymen connected with the hospital, pointing out my qualifications, and checking on why my application for privileges hadn't been approved.

But I knew it would work out in time. The lack of *real* competition in the town was bound to work in my favor.

Eventually, I was granted hospital privileges. Today, more than five years later, I'm earning ten times what I earned in my last year in Manhattan.

My advice to other doctors who want to set up or move their practices: While it's important to settle in a place where you'd like to live, it's doubly important to make sure the competition isn't so intense you won't be able to enjoy life there. END

Rare treat—or well-done

From an article on Far Eastern diet in The American Journal of Clinical Nutrition (Sept.-Oct., 1959): "The main dish is rice but there is a piece of meat in every bowl, be it that of a hospital nurse or that of the ricksha boy . . ."

—GERTRUDE M. CLARK

How to Win Referrals—or Lose Them

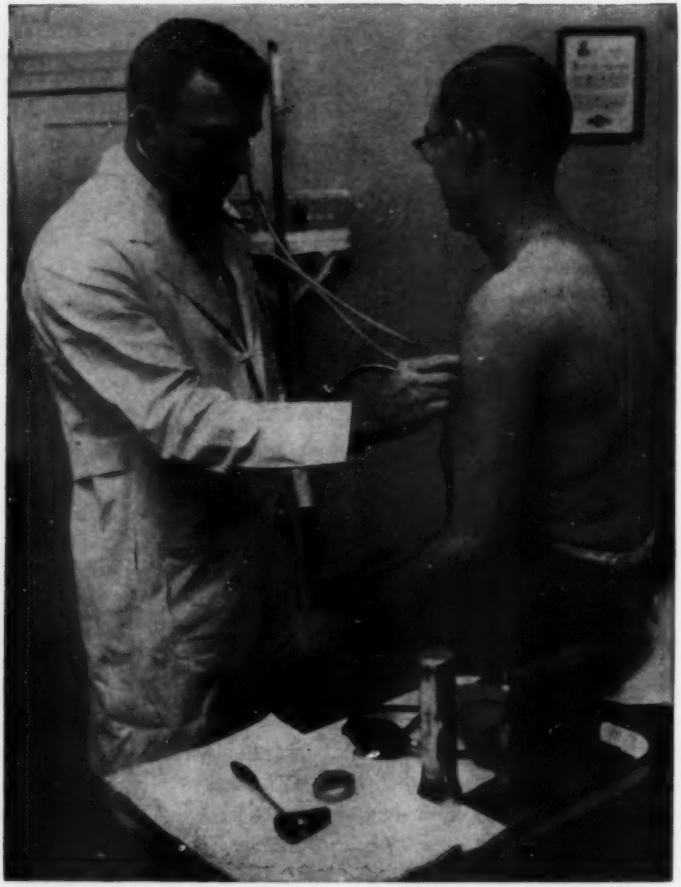
Which practice-building techniques work best? Which are apt to boomerang? Here are some down-to-earth comments from experienced physicians

By Wallace Croatman

A young dermatologist had hardly settled down in an Alabama city when he learned about a ringworm epidemic in a town 100 miles away. He arranged to examine all school children in the town without charge, and he uncovered more than 100 cases of infection. He then left instructions for treatment with local physicians. They've been sending him their referrals ever since.

A Florida orthopedist who was also trying to build his practice constantly called the emergency room and other departments at his hospital. He even checked in at police headquarters daily. But instead of the stream of referrals he expected, he got the cold shoulder from the town's irritated physicians. He was finally forced to give up and move away.

These two experiences illustrate the narrow line between success and failure in building a referral practice. The specialist has to let other doctors (and patients, too) know he's available. But he has to do it in a way that



BUILDING A SPECIALTY PRACTICE *begins with a firm foundation of satisfied patients, satisfied colleagues, and satisfied third parties, says Dr. Bruce C. Newsom of Columbus, Ga. He built his practice in part by doing insurance exams at patients' convenience—thereby winning the gratitude of twenty insurance companies and patients they sent him.*

spells service for others—not just patients for himself.

What are the best ways to attract referrals? What are the pitfalls to avoid? Here are pointers from successful specialists all over the country. Many of the following tips can be used by any doctor hoping to build his practice:

Do They Know You?

1. Doctors who have built successful referral practices say they don't wait for other physicians to discover them. They actively seek referrals.

Any specialist who's new in town might well follow the lead of one Southern surgeon. This man spent his first two weeks in practice visiting local doctors in their offices. His courtesy calls resulted in referrals within a few months.

Even established specialists can benefit by seeking out new referral possibilities. For example, a seasoned New York pediatrician finds it worthwhile to attend conferences on neonatal problems and to serve on a panel for emergency Caesareans. These contacts with OB men are his main source of infant referrals.

Of course, a campaign for more patients can be *too* active. "It's dangerous if potential sources of referrals suspect you're less interested in treating patients than in finding them," observes an Ohio internist. "I still remember how a local colleague's wife alienated the women in this town by overpraising her husband. They all felt she was too obviously promoting him."

Even worse, a doctor may sometimes do himself harm by trying too hard to impress an important patient. Only recently, one such physician couldn't resist the temptation to make a "big case" out of a minor operation he did on a prominent local businessman. Reports an older colleague: "The patient, who was intelligent as well as wealthy, quickly saw through the sham."

Clinic Work Is Valuable

2. Experienced doctors say: "Show what you can do—with due modesty."

Clinic and emergency-room

work, as the young Alabama dermatologist found out, lets colleagues know you're both available and competent. A Georgia surgeon says his most effective practice-building technique has been his work as surgical consultant for a cancer clinic. By doing most of the head, neck, and pelvic cases, he has proved his ability to do radical surgery.

But successful specialists warn that showing your colleagues what you can do is bad if it looks as if you're showing off.

"A colleague I knew," says a Michigan surgeon, emphasizing the past tense, "always talked too much. He had a lot of bright ideas, but he tried to force them on everyone. It reached the point where everybody cringed whenever he got up to say something. He was a good doctor—no question about it. But other doctors sent their patients elsewhere."

He's His Own Worst Enemy

Even if the talker doesn't arouse his colleagues' anger, there's a chance he'll bore them to death. A Kansas doctor tells about a "highly trained surgeon who talks so much about his superior knowledge and experience that many doctors ignore him despite his ability."

But the crowning embarrassment must be left for the Idaho OB man who let it be known that he'd soon be the only board man in his field in town. A colleague sums up his story tersely: "Then he flunked his boards."

Is the Patient Pleased?

3. Successful specialists agree almost unanimously that a satisfied patient is the best possible advertisement.

In spite of this, these men say, an occasional doctor apparently forgets it. "Make each patient feel he's your only present concern," advises a Massachusetts EENT man. "He'll pass along that feeling to his relatives and friends. I should have known this at the start, but it took me quite a while to catch on."

A California dermatologist offers this formula: "Give individualized, competent care with a minimum of visits and a maximum of interest, sincerity, and friendliness."

To which an Illinois internist adds: "Treat everybody the same. It's amazing how many undesirable patients have prominent, and even wealthy, relatives or in-laws."

Other specialists add these pointers on how to satisfy patients: "Be affable without being intimate". . ."Be human and humble—not God Almighty"... "Assume that the patient's time is as important to him as yours is to you."

4. Many successful doctors have won referrals through particularly courteous treatment of professional-courtesy patients.

Says one Illinois internist: "Probably my greatest boon came with the opportunity to care for a referring doctor's wife when she had a very serious and prolonged illness. This one case opened up literally hundreds of referrals from that physician and his friends."

Courtesy in a more literal sense has paid unexpected divi-

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SIX STEPS TO MORE REFERRALS

Most of the specialists queried by MEDICAL ECONOMICS about building a referral practice report that other physicians are their main source of new patients. How do these doctors let their colleagues know they're alive and interested? Their methods are summed up below in an order reflecting the frequency with which each was mentioned:

1. They take an active part in hospital-staff and medical-society meetings.
2. They report promptly and in writing to every referring doctor.
3. They read papers; lecture, and lead discussion groups in subjects relating to their specialty.
4. They take an active part in community affairs.
5. They contribute to medical and hospital journals.
6. When possible, they praise the referring doctor to the patient. And they never criticize him.

WHAT KIND OF TAXPAYER ARE

This is a tale of two doctors—two men who, with a sigh of relief, have just completed their Federal income tax returns for 1959. Their incomes, professional expenses, and personal deductions are roughly the same. But there's a difference of more than $1,000 in the income taxes they're paying.

To understand why, you need to know something about the people involved. Take Dr. Leo, for instance. He went down the line deciding every close question—and a few that weren't so close—in favor of himself. Dr. Maus, on the other hand, played it safe; he claimed only commonly accepted deductions for which he had a documentary proof. Both doctors are highly pleased with the jobs they've done.

But does either man really have much to be pleased about? If he does, is his tax philosophy

YOU — LION OR MOUSE?

BY M. J. GOLDBERG

Do you bravely claim more and larger deductions than you're sure you rate? Or do you try to keep them to a safe minimum? There are traps for the unwary at either extreme. Here are some hints to help you choose a middle course

the *right* one? What does the law require of you? How far should you as a doctor-taxpayer go—legally, morally, and practically—in deciding the close questions that come up when you prepare your return?

The consensus of experienced tax consultants: If you're the "ideal" taxpayer, you'll stay somewhere in between the two extremes of Dr. Leo and Dr. Maus—but you'll probably lean toward the aggressive side. In sum, you'll be perhaps two-thirds lion, one-third mouse.

Let's look at the two men's respective returns to see why:

The first thing that strikes you about Dr. Leo's return is its audacity. He remembers having read that every man has a right to cut his tax bill as much as he legally can. So Dr. Leo goes the limit—and perhaps a bit further.

The sailboat he owns is a case

in point. Last year the doctor took three separate parties of local physicians on day-long cruises. A number of his patients went on another ride. So Dr. Leo charges off half the depreciation and maintenance cost of the boat as a professional expense.

The fact that most of these doctors and patients happened to be close friends and neighbors whom he probably would have taken along anyway doesn't upset Dr. Leo. He figures that's something for the Internal Revenue Service to worry about.

Income Tax Deductions:

DO: Claim every deduction you feel you're entitled to. If there's a *reasonable* doubt in your mind, settle it in favor of yourself. That's your right and privilege.

¶ Make estimates of small, unrecorded deductions—but be sure to do it on a logical basis.

¶ Be ready to substantiate your major deductions with documentation. You should save canceled checks and receipts for this purpose.

¶ Assemble all possible proof to back up deductions that might be questioned. Thus, if you claim a partial deduction for the cost of a party at which both colleagues and personal friends were present, make a record of who attended, and be prepared to show how the presence of the medical men helped improve your practice.

¶ Take deductions only if you believe in the essential honesty and fairness of your claims. If your return is audited, your transparent honesty will help.

Dr. Leo also claims a healthy share of his country club dues as a professional expense. And he takes a deduction for the full cost of the seminar cruise he went on last year, even though his attendance at the scientific sessions was far from perfect.

But it's in his personal deductions that he really shows his his hand. As a medical expense, he deducts the cost of converting his home from coal heat to gas. His reason: Coal dust irritates Mrs. Leo.

Making some offhand esti-

Some Dos and Don'ts

DON'T: Throw questionable items into your tax return just for bargaining purposes. If you've claimed your fair share of deductions, there'll be room enough for bargaining. A few exaggerated claims can make a whole return suspect.

•

¶ Decide against taking a deduction only because you're afraid it might be knocked out if your return is audited. If it *is* disallowed, you'll be no worse off than if you hadn't claimed it.

•

¶ Let wishful thinking persuade you to try rewriting the tax laws. The cost of buying and maintaining your white jackets is a deductible professional expense; the cost of your business suits isn't, no matter how illogical that fact seems to you.

•

¶ Claim a deduction merely because a doctor-friend seems to have got away with doing so. Your colleague may be entitled to the deduction for special reasons you know nothing about. Or maybe his return is sitting on some T-man's desk awaiting audit.

•

¶ Overrule your tax consultant and insist on a deduction he advises you against.

mates, the doctor also claims $150 for gasoline taxes and $750 for the local 3 per cent sales tax. Will these items be questioned? You bet they will, if his return is checked. Dr. Leo hasn't stopped to figure that he'd have had to drive around the world twice in a year and to buy $25,000 worth of goods subject to the sales tax to justify those deductions.

When Dr. Leo goes to church, which isn't too often, he usually drops $10 in the collection plate. So he doubles that amount for tax purposes, multiplies by 52, and writes down $1,040 as his religious contribution.

While looking for the big tax deductions, Dr. Leo is careful not to overlook the little ones. On his 1959 return, for instance, he claimed $2 for the cost of lighting the garage that houses

"What did your gallbladder have? Thirty-seven multifaceted nuggets—that's what your gallbladder had!"

his professional car. Well, that's Dr. Leo for you.

Dr. Maus is another sort entirely. His motto: better safe than sorry. He claims no deductions at all for professional entertaining. He suspects that some he *did* do last year could rightfully be charged off to his practice; but he knows that Treasury men study a doctor's entertainment deductions with particular care. Not worth the risk, reasons Dr. Maus.

A flood in the Maus basement last year ruined more than $100 worth of clothing the doctor and his wife had stored there. Feeling that he can't even prove that the flood took place, Dr. Maus passes up that deduction, too.

As for charitable and religious contributions, Dr. Maus lists them only if he has canceled checks or signed receipts available—even though he has given a good deal of money in small, unrecorded donations. To compute his sales taxes, he lists the big taxable purchases he remembers making last year, adds up the total, and takes 3 per cent of that—nothing more.

When Dr. Maus finishes adding up his personal deductions, he finds they come to only a little more than the $1,000 he'd be allowed if he didn't bother itemizing them. "Why go out on a limb for that?" Dr. Maus asks himself. So he decides to settle for the standard $1,000 deduction.

Both the above cases are purely imaginary, but both doctors have real-life counterparts. Perhaps you even recognize a bit of yourself in one of the hypothetical characters. And perhaps it's now clear to you why, in the long run, it doesn't pay to take either extreme approach when figuring out your debt to Uncle Sam.

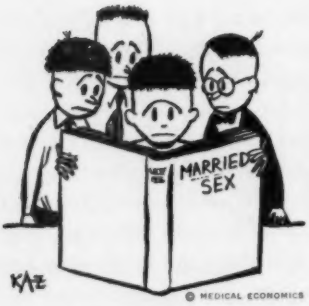
It's Not Simple

In theory, the amount of tax you owe can be determined mechanically by totaling your income, then subtracting your deductions. But it doesn't work out that simply in practice. Our tax laws are a complicated matter; the Internal Revenue Code itself runs to around 1,000 pages. And while there are many clear-cut rulings, vast twilight areas re-

main. It's in such areas that your decisions help determine the size of your tax bill.

Under our self-assessment system of taxation, each doctor must make up his own mind which of his expenses are deductible and which aren't. A tax adviser or an accountant can assist you; but the final decision and the final responsibility must be yours.

Both the courts and the I.R.S. have found that Dr. Leo, at least in his basic theory, is right: Nobody owes more than the *minimum* tax the law requires. If there's a reasonable doubt about a particular deduction, a doctor has every right to settle that doubt in favor of himself.



"If a particular deduction has never been granted before, there's no way the Government can tell you in advance whether it's good," explains one tax consultant. "The only way to find out is to claim it."

As an example, he tells about an obstetrician who installed a photoelectric mechanism to open and close his garage door. The doctor deducted the cost as a professional expense, since the device helped him get out quickly for deliveries. And the claim has never been questioned.

Estimates of small, unrecorded expenses are perfectly proper too. But tax authorities warn that such estimates must be made on some reasonable and consistent basis. The *bulk* of your deductions should be substantiated by such proof as canceled checks or receipts, they say.

You can see, then, what's so wrong about the Maus method of computing your tax: It's unnecessarily expensive. If you're in the 30 per cent tax bracket, every dollar in rightful deductions you fail to claim reduces

your after-tax income by 30 cents. If you pass up many such deduction dollars, the loss is sure to add up to a lot of money.

What About Penalties?

The penalty for claiming a deduction that's later disallowed is normally only the tax you'd have paid on it anyway, plus 6 per cent interest. The penalty for *not* claiming it is that you lose the deduction—without giving yourself a fighting chance for it.

Then why not be a full-fledged tax lion?

The practical objection is that your return is far more likely to be audited. Deductions such as those claimed by Dr. Leo go well beyond the limits of "reasonable doubt."

The places the tax lion is most likely to show his fangs—allocating automobile expenses, professional travel and entertainment deductions, casualty losses, and estimates of unrecorded personal deductions—are the very areas a T-man is most likely to check. He's sure to question such deductions if they seem to be excessive.

True, one Chicago consultant tells about a tax lion who claimed $6,000 for charitable contributions without any documentary proof. When his return was audited, only $2,000 of the deduction was disallowed.

But for every such story, there is one with a less happy ending. If a T-man spots items that seem flagrantly excessive, there's always a chance that he'll recommend penalties for negligence or fraud.

The strongest objection to the lion's course is a moral one. Your taxes are high, but so are everyone's. The tax law represents an attempt, however imperfect, to spread the tax burden as fairly as possible.

"I'd never sign a doctor's return if he tried to take exaggerated deductions," one tax adviser declares indignantly. "After all, I'd only be cheating myself. I pay taxes too! I expect a client to claim everything he's entitled to. But if he dodges part of his tax responsibility, it falls on me and all the other taxpayers."

So you have a choice: If you want the tax people to give you

a clean bill of health at all costs, you'd better pattern yourself on the imaginary Dr. Maus. If, on the other hand, you want to take the lion's share of tax savings and don't mind a good fight, Dr. Leo's path is for you.

Actually, most doctors will probably prefer to stay somewhere in the great middle ground, following the tax dos and don'ts listed on pages 84-85.

There's no magic key to every tax problem that comes your way. But when all else fails, there's one final guide you might fall back on. Call it the Golden Rule of taxation:

Would you want your neighbor, if he were in your position, to claim that very same tax deduction, thereby passing some little part of his tax burden over to *you?*

Test Yourself: Lion or Mouse?

For some tax questions, there are no "right" and "wrong" answers—simply a choice of possibilities. Ten such questions are listed below. Look them over and decide what *you* would do in each case. If you pick answer A for most of the problems, you're probably overcautious. If your answers are mostly B, you're probably too daring. *(After you finish the quiz, turn to page 93 to see how tax and management consultants would handle the problems.)*

1. You have your home and office in one building. Although your office occupies only about one-third of the space, you feel that, for various reasons, you should attribute much more than one-third of your utility bills, heating costs, landscaping expenses, and the amounts spent on maid service to the costs of your practice. Would you:

A. Claim only the one-third that you can easily justify?

B. Claim the full amount you think should be charged off to your practice?

2. One room of your house is fixed up as a den. Your children

play there during the day, but at night you take over. The room contains your professional library and a desk. You often go there to catch up on medical reading and do some professional paper work. Would you:

A. Claim no depreciation and maintenance expenses for the room, since it gets so much personal use?

B. Claim full or partial expenses, on the ground that the room is an extension of your medical office?

3. You own only one car, which you use primarily for professional purposes. But sometimes you do use it for short personal trips. Would you:

A. Claim a partial deduction for the car—say, 80 or 90 per cent—since it gets some personal use?

B. Claim your car expenses in full, on the ground that the amount of personal use is negligible?

4. You have canceled checks and receipts showing that you gave $1,000 to charity last year. Naturally, you'll deduct that amount. But you figure you gave another $400 or so in church-plate contributions and other unrecorded gifts. You have no proof of the amount, however; you don't even remember all the agencies you gave to. Would you:

A. Claim nothing for the unrecorded gifts, or an amount so small you're pretty sure it won't be questioned? *More▶*

B. Claim the full $400, even though you have no proof?

5. You have two cars. One of them you use exclusively in your profession, and you claim a full deduction for it. The other is primarily a personal car, but you occasionally make house calls in it. Would you:

A. Claim nothing for the personal car?

B. Claim a partial deduction for it, since you do use it once in a while for professional purposes?

6. The Internal Revenue Service says the useful life of a business automobile ranges between three and five years. You bought a car just last spring; but from the way it's been acting, you doubt that it will last more than two years. For depreciation purposes, would you:

A. Write the car off over three years, since the I.R.S. probably won't challenge such a figure?

B. Write the car off over two years, since that's as long as you really expect its useful life to last?

7. You took Dr. and Mrs. Gray to dinner and the theater last year in the expectation that the doctor would refer some patients to you. He never did. Would you:

A. Not deduct for the expense, since you can't prove that it benefited you professionally?

B. Deduct the expense, because of your expectations at the time you entertained the doctor?

8. Henry Hawkins has always been a good patient of yours, and you think he'll continue to be. So you invited him to your club for a round of golf and drinks. Would you:

A. Not deduct the expense, since he would almost certainly have remained your patient even if you hadn't entertained him?

B. Deduct the expense, since professional men normally entertain patients and clients to cement relationships?

9. You attended a one-week seminar on your specialty in New York. After the meeting ended, you stayed in town for another week to visit old friends

and see the shows. You deduct your expenses during the seminar week, of course. But would you:

A. Not claim transportation expenses to and from New York, since you spent fully half your time there in personal activities?

B. Claim the transportation expenses, since it's unlikely that you would have gone to New York at all if it hadn't been for the seminar?

10. Your tax return has just been audited. The agent questions the way you allocate your office-home expenses; he wants to disallow $200 of your professional deductions. But you honestly feel your allocation is correct. Would you:

A. Give in without an argument and pay the tax on the $200?

B. Insist on discussing the matter further—if necessary, with the agent's supervisor?

Answers to Test

(Questions start on page 90.)

Tax and management consultants taking the quiz were far from agreed on the answers. But here is the majority vote in each case:

1. (B) Claim all the home maintenance expenses you think should be charged to your practice.
2. (A) Claim nothing for your den.
3. (A) Claim only a partial deduction for your car.
4. (B) Claim your full charitable contribution.
5. (A) Claim nothing for your personal car.
6. (A) Write your car off over three years.
7. (B) Deduct the expense of entertaining the doctor.
8. (B) Deduct the cost of entertaining the patient.
9. (B) Claim the transportation expenses.
10. (A) Pay the tax on the $200.

END

Should Doctors Be FORCED TO KE

Dr. Gunnar Gundersen's proposal for a mandatory medical advances has initiated a small storm of controversy.

'NO!' says this doctor, who visualizes a bureaucratic tyranny in which doctors might be graded like schoolboys and compelled to give excuses when they're late for classes

BY CHARLES MILLER, M.D.

The proposal that physicians should be compelled to continue studying in order to keep in step with medical progress sends chills up and down my spine. Of course conscientious doctors should want to keep in step with the march of medicine. But the play of our free economy (so long as it remains free) takes care of that. What with popular magazines devoting a good part of each of their issues to telling the world what's new in medicine, the doctor who is recognizably "old-fashioned" gradually loses his appeal. The sheer economics of it keeps the average doctor on his toes. We don't need "big brother" to watch over us.

What else is wrong with this prescription for forced feeding?

The plan is worthless, of course, unless it has teeth in it. Dr. Gunnar Gundersen, ex-A.M.A. president, who proposed it, suggests that licensing bodies supervise a system of practitioner-participation in "acceptable" educational programs; and that medical societies require evidence that their members have

More on 96

KEEP PACE With Medical Progress?

program to insure that M.D.s stay in step with
Here two long-established physicians debate the pros and cons

'YES!' says this doctor. Arguing that the public can't tell which doctor has kept pace and which hasn't, he insists that M.D.s have a responsibility to police themselves

BY HENRY A. DAVIDSON, M.D.

Should doctors be forced to keep pace with medical progress? Well, why not? A good practitioner is willing to have his knowledge tested. That's how he got through medical school. That's how he was licensed to practice medicine. That's how he gets a specialty board diploma.

I think that what really upsets the opponents of Dr. Gundersen's plan is the idea of compulsion. I'm no exception. *I'd* like the right to treat patients the way I want and be accountable to no one. But that right is less important than the patient's right to get modern and effective treatment.

It doesn't seem to me that he's going to get it through "the play of our free economy," as my anti-Gundersen colleague, Dr. Charles Miller, suggests elsewhere in these pages. Look here, Dr. Miller:

A new drug is announced, and the public wants us to try it. The practitioner can't possibly test the drug in terms of its side effects, contraindications, dosage range, and so on. This is a re-

More on 250

kept in pace by giving periodic examinations or by requiring attendance at courses. Thus, he suggests two sets of teeth: medical societies and state licensing bodies.

If medical societies controlled such a program, the doctors who made up the leadership (or their fair-haired boys) would be treated more gently than the rank-and-file M.D.s who had never been involved in medical politics and were therefore "outsiders." If the licensing bodies controlled it, every doctor's career would be under the thumb of a bevy of bureaucrats who could—and would—set back any man who didn't meet *their* requirements.

Back to Childhood

In either case, the doctor would be treated like a schoolboy—checked on his attendance, quizzed on his progress, with a career to be ruined if he couldn't give the right answers. If a passing grade in such an exam were needed to continue practice—well, think of the possibilities!

Yet grades in medical school are unrelated to quality of practice. Any doctor's own experience will tell him that. Think of the biggest brain in your medical school class. What's he doing now?

Do Grades Matter?

A recent Rockefeller Foundation study of North Carolina practitioners also proved this point. It found that success in medical school examinations isn't necessarily related to clinical skills. The courses and tests that Dr. Gundersen wants to wish on us are designed to measure precisely those skills that lead to high grades. So they would be meaningless as criteria of clinical skillfulness or as goads to better medical practice.

Indeed, the Rockefeller Foundation study (whose findings were first published in 1956) showed that doctors active on hospital staffs do not rate one bit higher as clinicians than those practitioners who never use their hospital affiliation. That's another blow to the idea that courses, lectures, and conferences sharpen clinical acumen. And one final blow: The study

revealed that in the 36-45 age bracket, the men who had been at the bottom of their class in medical school turned out to be the best clinicians.

Whether or not a student passes an examination often depends as much on his glibness and writing ability as on his knowledge of the subject; exams tend to reward glib talkers. But what really matters is who can *do* the best job, not who can talk it.

The value of refresher courses has already been shown to be negligible. Again, in the North Carolina study it was demonstrated that the doctor who takes more than sixty hours of refresher work annually may well be a poorer clinician than the one who takes only forty or fifty hours.

On the whole, graduate programs are disappointing for three reasons: They are too complex,

" 'Anything-for-a-laugh Warner,' we used to call him!"

too general, and too theoretical. For example:

¶ In a course on liver disease I took some time ago, the instructor went into the enormous complexities of liver function tests. What the class wanted, but didn't get, was a simple explanation of how to relate test results to diagnosis and prognosis. This presentation was *too complex.*

¶ In a lecture on the handling of the neurotic, we were advised to be firm yet gentle, to probe the patient's unconscious mind but not to give him uneasiness about this probing, to use enough tranquilizers to make the patient less edgy but not so much as to slow him down, and to be protective of the patient without coddling him. All fine advice, but *too general* to be useful.

¶ In a course on postoperative management, the lecturer became so entranced with fluid balance that he spent an hour telling a bored audience all about the chemistry of electrolytic imbalance. Not one iota of this was usable to us. For our purposes, it was much *too theoretical.*

Graduate courses put the practitioner back in medical school. But we know, both from common observation and from the Rockefeller Foundation-North Carolina study, that the variety of medical school he attended is completely unrelated to the doctor's success as a clinician. Even the fact that a graduate course is hospital-oriented rather than school-oriented seems to make no difference. The same study indicates that there is no relationship between the quality of hospital training and the doctor's clinical skills.

Poor Public Relations

I have one final objection to the system Dr. Gundersen proposes: Such a program cannot be put over without a lot of publicity. And the publicity will suggest to the public that the average doctor is in need of more education. Dr. Gundersen's project, to put it bluntly, will cause the layman to lose faith in general practitioners. What sentimental attachment remains for the good old family doctor will be lost if he is branded as an ignoramus.

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In any case, if the average practitioner *does* need more education, it seems to me that he needs it in the liberal arts field. The threat to his intellectual status is not that he is an old-fashioned doctor, but that he has stopped being an old-fashioned scholar. The traditional premedical courses in college overemphasize science. They offer a dreadfully slim diet of such subjects as sociology, history, foreign languages, the arts, and philosophy.

But I don't mean to belabor this point. For we must avoid becoming victims of an academic tyranny of any kind. If the Gundersen proposal were put in effect, professors would control our means of livelihood.

Let's face it: The best teachers don't always make the best practitioners. This is true in law, in engineering, in business management—and in medicine. The good doctor needs "know-how"; the good teacher needs "show-how." We need both.

Under the Gundersen plan, the skilled medical practitioner would be at the mercy of the bureaucrat, the pedagogue, and the theoretician. Their judgments could destroy his career. [*For the affirmative side of this question, see page 95.*—ED.]

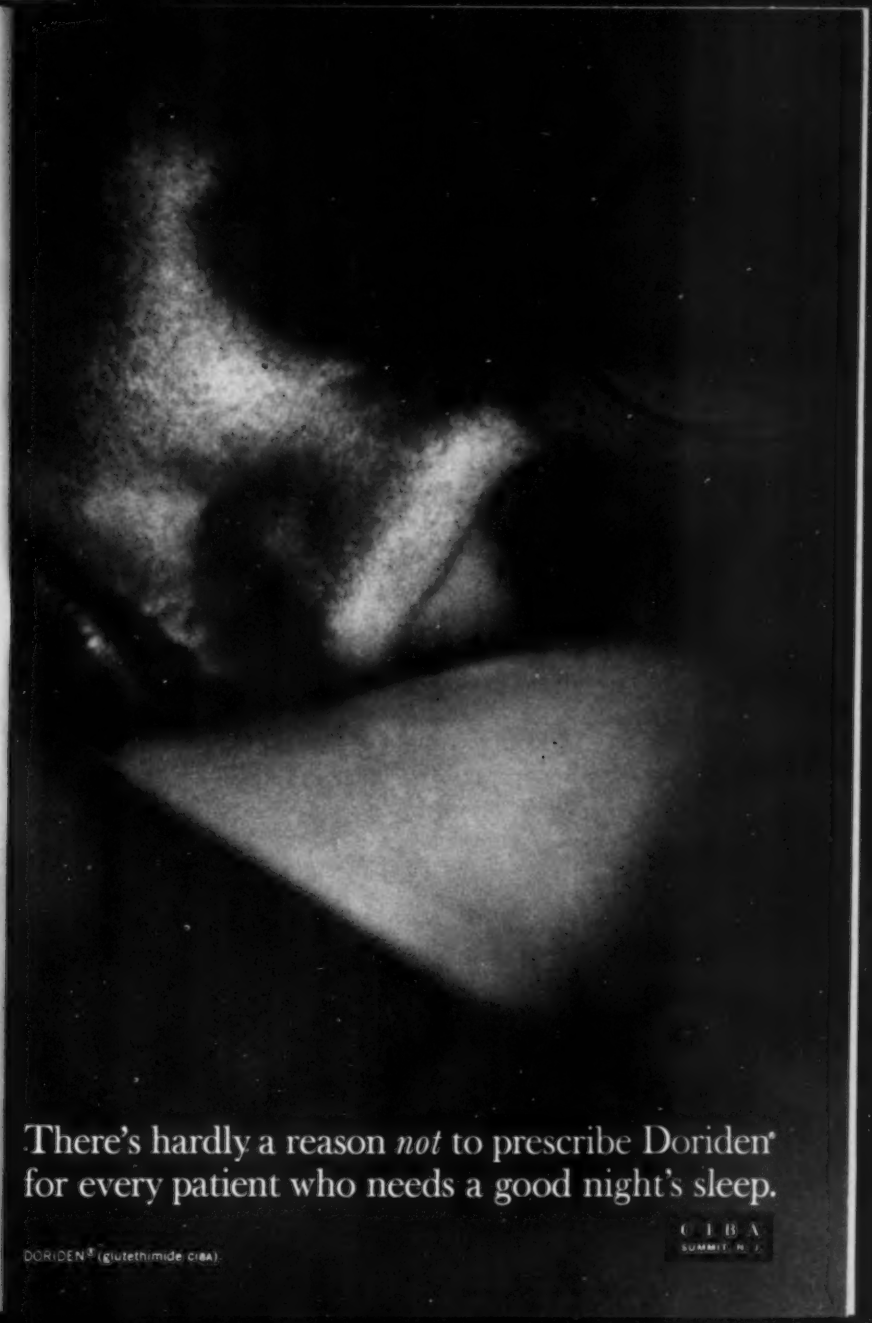
Strictly amateur

The patient in the hearing clinic was an awed 16-year-old country girl. But our famous chief was fatherly kindness itself.

"This girl's been considered feeble-minded because of her deafness," he told the circle of students. "Yet with training she could support herself. Let's see what she might do." Bending his white head to her ear, he asked: "Susie, what do you like to do best?"

The patient blushed. Then she said loudly: "Aw-w-w . . . I ain't no bad girl."

—RICHARD W. TAYLOR, M.D.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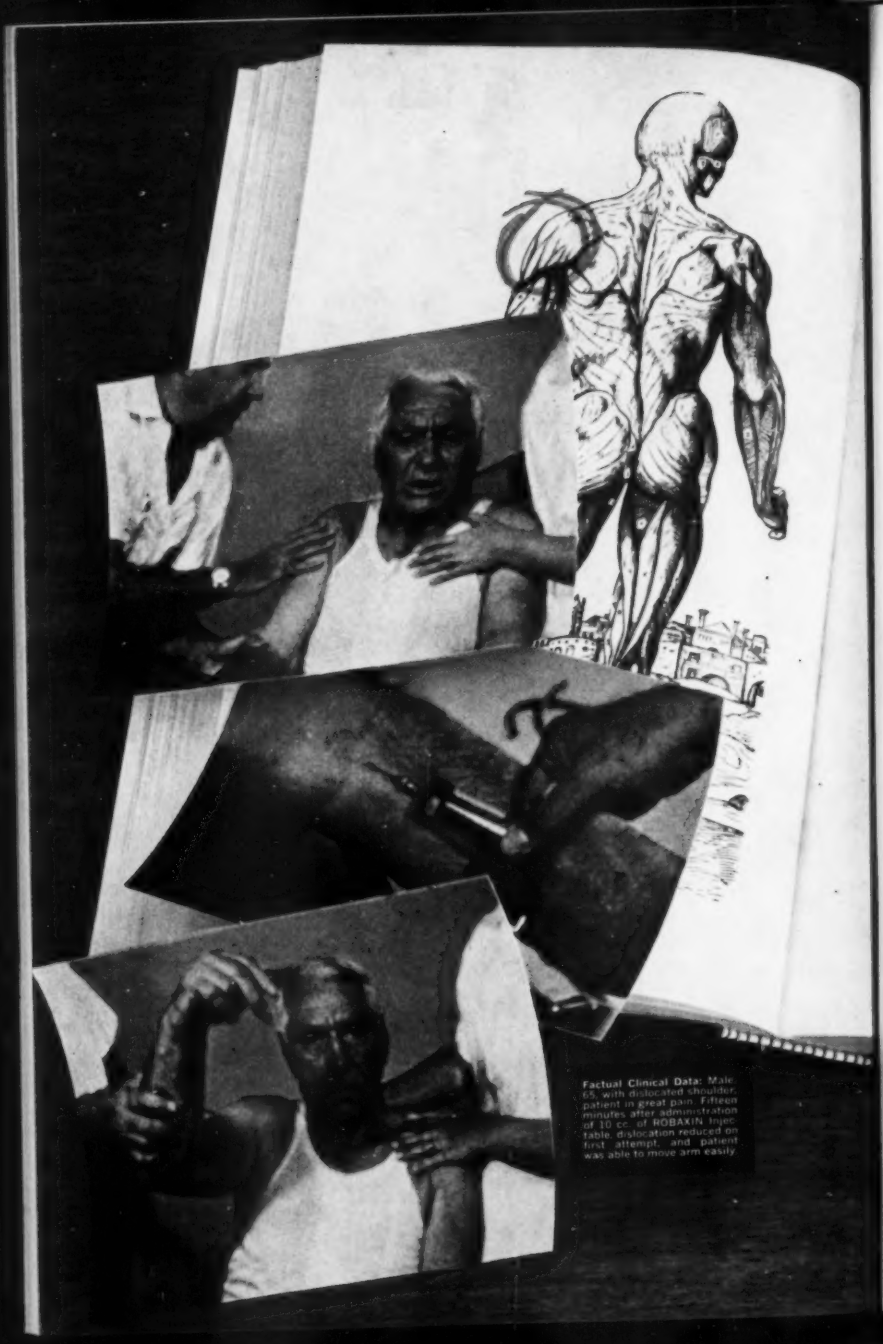
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For initial relief, or to maintain relaxation originally induced by ROBAXIN Injectable. Highly potent and long acting[2,6]– and virtually free from causing drowsiness, or other adverse side effects.[1,2,3,6] For one group of patients with low back disorders, ROBAXIN Tablets shortened hospital stay an average of 4.54 days per patient.[3]

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REFERENCES: 1. Carpenter, E. B.: Southern M. J. 51:627, 1958. 2. Forsyth, H. F.: J.A.M.A. 167:163, 1958. 3. Grisolia, A., and Thomson, J. E. M.: Clin. Orthopaedics 13:299, 1959. 4. Lewis, W. B.: California Med. 90:26, 1959. 5. O'Doherty, D. S., and Shields, C. D.: J.A.M.A. 167:160, 1958. 6. Park, H. W.: J.A.M.A. 167:168, 1958. 7. Plumb, C. S.: Journal-Lancet 78:531, 1958. 8. Poppen, J. L., and Flanagan, M. E.: J.A.M.A. 171:298, 1959. 9. Schaubel, H. J.: Orthopedics 1:274, 1959.

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Want Time Out for Research? Get a Grant!

Did you know that the Government and private agencies are handing out more grants than ever before? You may even be able to swing one on a part-time basis. Here's how

BY ARNOLD FRY, M.D.

Like many doctors, I'd long had a pet medical problem that was crying for solution through research. But I couldn't afford to give up practice to tackle it. Then, a few years ago, I discovered I could eat my cake and have it. I got a grant to do part-time research.

These days, I carry on my general practice almost as intensively as before. At the same time, I'm conducting what I believe to be a worth-while project in parasitic diseases. I have lab space in a university hospital, an assistant to whom I assign routine tasks, and all the equipment I need. The research grant has made it possible.

Sound attractive? Perhaps you could have a similar set-up. A growing number of doctors are running experimental projects part-time. And there's need—

More on 108

THE AUTHOR *uses a pen name, but he reports on actual research of the kind supported by grants.*

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Effective relief of constipation and actual correction of the condition depend on an intake of a sufficient quantity of water to facilitate movement of the fecal mass in the bowel lumen. Also useful is Metamucil which adds a soft, bland bulk to the bowel contents to stimulate normal peristalsis and also hold water within stools to keep them soft and easy to pass. Thus Metamucil and an adequate water intake induce natural elimination and promote regularity.

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SEARLE

and money—for more such doctors.

My grant happens to come from the National Institutes of Health, the research branch of the U.S. Public Health Service. But the Government is only one source of research funds. Several doctors I know have obtained grants from private foundations, voluntary fund-raising societies, and pharmaceutical companies. Together, private sources account for nearly half the money spent for medical research today. There are literally hundreds of grant-givers, large and small.

Getting my own grant has provided me with a good bit of information that I can pass on to you. Along the way, I wrote to a dozen grant-giving agencies. Among them were the N.I.H., several pharmaceutical manufacturers, and some of the foundations. (Some doctors, I found later, piece together their research funds by getting grants from two or more sources at once.)

More on 112

RESEARCH-MINDED DOCTORS WANTED

To meet the nation's growing health problems, the equivalent of 45,000 full-time medical researchers must be recruited by 1970, according to dependable estimates. That will be 25,000 more than were doing research a year ago.

Where will this trained manpower come from? Not from the medical schools. They'll be hard put just to increase their output of doctors as fast as the population grows. So in part it will be up to practicing physicians to fill the gap. Take the word of a man who helps pick doctor-researchers:

"We'd certainly like to see more grants go to practitioners," says Dr. (Sc.D.) Ernest M. Allen, chief of the Division of Research Grants at the National Institutes of Health. "Some practicing physicians are already prepared to conduct good clinical research; with minimum additional training, many others would also be prepared."

Increasing energy output in listless and lethargic overweight patients is frequently as important as reducing their caloric intake.[1-5] You will find that 'Dexedrine' provides your overweight patients with a gentle stimulation that encourages normal physical activity. Because 'Dexedrine' also provides a positive, physiologic control of appetite, increased activity is seldom reflected as rebound overeating.

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1. Johnson, M.L., et al.: Am. J. Clin. Nutrition 4:37, 1956.
2. Mayer, J., et al.: Am. J. Clin. Nutrition 4:169, 1956.
3. Mayer, J., et al.: Am. J. Physiol. 177:544, 1954.
4. Passmore, R.: Lancet 1:29, 1958.
5. Yudkin, J.: This Slimming Business, London, Macgibbon & Kee, 1958, p. 191.

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Rapid and beneficial *functional* and *anti-inflammatory responses* have marked therapy with DECAGESIC in a variety of inflammatory conditions such as: rheumatoid arthritis, including palindromic rheumatism, rheumatoid spondylitis, psoriatic arthritis, systemic manifestations of disseminated lupus erythematosus, periarteritis nodosa, dermatomyositis, scleroderma, bursitis, synovitis, tenosynovitis and other conditions in which maintenance therapy is indicated or in which the conjunctive use of a steroid and salicylate can be beneficial.

†The term "antidoloritic" has been coined by Merck Sharp & Dohme to describe an agent designed to allay pain associated with inflammation—*dolor*=pain, *itic*=associated with inflammation.

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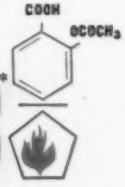

Decagesic*

Dexamethasone with Aspirin and Aluminum Hydroxide

Before filing any applications, I enlisted the aid of one of my hospitals—got the administrator to agree to sponsor my application, in fact. That seemed important for two reasons. First, the hospital was about the only place with laboratory space that was open to me. Second, its support was likely to carry weight with the people who'd consider my application. (As far as N.I.H. grants are concerned, it's required that the application be signed by someone authorized to do so for the hospital or institution.)

Getting a Grant

At that time I didn't know which agency would come through. But I eventually worked things out with the N.I.H. What I say below refers to getting a grant from that source. But I've discovered that most of it also applies to grants from many other sources.

With my hospital's blessing, I sent my application to the Division of Research Grants, National Institutes of Health, Bethesda 14, Md. There ensued much cor-

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National Association for Mental Health, 10 Columbus Circle, New York 19, N.Y.

The National Foundation, 800 2nd Ave., New York 17, N.Y.

National Multiple Sclerosis Society, 257 4th Ave., New York 10, N.Y.

National Tuberculosis Association, 1790 Broadway, New York 19, N.Y.

Apply for a Grant

The following list suggests only a few among the very many non-Government sources of grants to research-minded M.D.s. Foundations are not included here because most prefer not to make advance commitments on types of grants they're willing to give.

Major Field of Interest	Range of Grants	Length of Grants	Any Grants for Part-Time Work?
Broad	Varies	Varies	Yes
Broad	$500-3,000	1 year	Yes
Basic and clinical research in most medical fields	Varies	1 year (renewable)	Yes
Broad	Open	Up to 1 year (renewable)	Yes
Broad	$500-20,000	1 month to 1 year	Yes
Cancer control	$1,000-150,000	1-5 years	Yes
Basic science and cardiovascular	$1,500-15,000 per year	1-5 years	Yes
Mental health	$1,000-15,000	1 year	Yes
Arthritis, congenital malformation, viruses	Unrestricted	Unrestricted	Yes
Multiple sclerosis, related diseases	Unrestricted	To 5 years	Yes
Respiratory diseases		1 year	Yes

respondence between us. What broke the log jam, I think, was a follow-up letter that I submitted on the project's potential value. I got my grant.

It was small as N.I.H. grants go: $8,000, compared with the average of $16,500 a year. But I was given to understand that renewals might be forthcoming

WHAT THEY'RE LOOKING INTO

What sort of research projects are now being carried on by U.S. doctors under grants from the National Institutes of Health? Here's a random coast-to-coast sampling:

Doctor and Place of Work	Project	Size of Grant
H. R. Bierman, Duarte, Calif., City of Hope Medical Center	Radioactive labeling of leukocytes	$33,463
	Cervical intraepithelial carcinoma	5,865
A. G. Foraker, Jacksonville, Fla., Baptist Memorial Hospital	Histochemical effects of antimetabolites on placenta	2,195
	Aging in ovarian stroma	10,580
L. K. Diamond, Boston, Mass., Children's Medical Center	Causes of kernicterus	18,029
H. Fanger, Providence, R.I., Rhode Island Hospital	Capillaries of normal and diseased breast tissue	6,500
C. J. Martin, Seattle, Wash., Firland Sanatorium	Ventilation to perfusion variations in the lung (two grants)	5,175 12,650
C. H. Altshuler, Milwaukee, Wis., St. Joseph's Hospital	Fibroblasts and acid mucopolysaccharides	15,111

which antibiotic has the plus?

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When should Mysteclin-V be prescribed? Accumulated clinical experience clearly indicates that fungal superinfections are on the rise, particularly when broad spectrum antibiotics must be administered in high dosage or for extended periods, in the debilitated and diabetics, during pregnancy, and when corticosteroids are used concurrently. Under such conditions, more than a "broad spectrum" antibiotic is required. Mysteclin-V provides the answer.

Supplied: Capsules (250 mg./250,000 u.); Half-strength Capsules (125 mg./125,000 u.); Suspension (125 mg./125,000 u. per 5 cc.); Pediatric Drops (100 mg./100,000 u. per cc.).

References: 1. Cronk, G. A.; Naumann, D. E., and Casson, K.: Antibiotics Annual 1957-1958, New York, Medical Encyclopedia, Inc., 1958, p. 397. 2. Childs, A. J.: Brit. M. J. *1*:660 (Mar. 24) 1956. 3. Newcomer, V. D.; Wright, E. T., and Sternberg, T. R.: Antibiotics Annual 1954-1955, New York, Medical Encyclopedia, Inc., 1955, p. 686.

after the first results were published. Sure enough, I was granted another $6,000 after the first year. With another renewal now in the works, the project's future seems secure.

Just what does the grant take care of? It pays for equipment and for the services of an assistant. It provides a small stipend for me, since the N.I.H. pays part-time researchers only for the time spent directly on the project. My $4,000 a year is fairly typical.

Your Hospital May Help

Don't forget that your hospital may be able to help you make your grant go further. My hospital contributes working space, utilities, and maintenance to my project. This may be standard practice in your area, too. In general, it's easier for a doctor to get a grant if he's associated with a large city institution or—even better—with one that's affiliated with a medical school. Such places are the likeliest to have space and facilities for research.

But you needn't be associated with a big hospital. More and more doctors with small-hospital or other institutional affiliations are getting grants. N.I.H. officials and advisers encourage this trend. It's the following questions that chiefly interest them:

How They Choose

¶ Has the doctor had training that equips him for research? Not all doctors have had such training. Men who have run successful research projects in the past obviously are at an advantage. In the case of the unknown investigator, the burden of proof is on the applicant. Sometimes he's helped to get a foot in the door: The N.I.H. may suggest that the doctor-applicant first take some courses in specialized research techniques, or collaborate with a scientist already working on a project.

¶ Are adequate facilities available? Here's where cooperation from your hospital pays off. As I've noted, the bigger the hospital, the more likely it is to have available space. But in order to get more institutions doing research, the N.I.H. will bend over backward in borderline cases if

the project looks promising. So don't let the question of facilities block you.

¶ Does the project deserve aid? As you'd expect, this is the most important consideration. Any source of grants will give your idea a thorough going-over before it says yes or no.

Is your project something that needs doing? Does it break new ground? Has it wide application? If the answer to all three questions is yes, you're more likely to get an O.K. than if your research idea has more limited appeal.

What Projects Win Out?

For example, you'd probably not be encouraged by the Government—though you might be by a pharmaceutical firm—to do clinical work on new ways of administering a drug that's already in wide use. Nor would you find it easy to get help from a national source on a project primarily of local importance—though state or local aid might be available.

But you needn't be afraid of a turndown just on the say-so of some one individual. Your idea will be studied by non-Governmental specialists in the field, including M.D.s. If they report favorably, your project will be reviewed next by one of nine national Advisory Councils. During this process it will be given a priority number. Priorities are then matched against the funds available.

Half Get Their Grants

Surprisingly, one out of every two new applications submitted to the National Institutes of Health is successful. This positive approach, an N.I.H. man once told me, is possible because "physicians and scientific people aren't in the habit of coming up with crackpot ideas."

Sometimes—about once in twenty times—a grant may be neither awarded nor refused, but deferred. The delay may stem from a wish to inspect the research facilities or to get more information from the applicant about his project.

Once an application is approved, a U.S. Treasury check—if the grant is from the N.I.H.—usually goes directly to the sponsoring institution for payment to

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AN HS - 01

the doctor. When his work is started, he can expect a request for annual written progress reports.

I've found that the N.I.H. gives a grantee complete freedom to follow his ideas. You can even depart from your original program if your work indicates you should. The main test is whether you produce acceptable results. Incidentally, you can publish them wherever and whenever you wish. *More*▶

"It's *this kind* we're out of."

lets your stopped-up patient breathe again

Of the more than 200 nasal preparations available today only Biomydrin Nasal Spray contains an exclusive mucolytic agent which speeds the medication to affected tissue sites. Biomydrin is anti-inflammatory, anti-infective and decongestant—opens air passages, lets stopped-up patients *breathe* again—with no tolerance, no sensitization, no rebound congestion.

Biomydrin®

nasal spray/drops

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BI ME 1 Q1

Under such flexible ground rules, you can see why it has worked out nicely for me to mix medical practice with medical research. It takes some fine scheduling, naturally, since I regularly devote ten hours a week to my project. Only when there's a report due or a paper to be presented is the schedule apt to break down.

How He Finds Time

To get the time I need, I had to make one concession. I resigned from the staff of a second hospital. Having my lab at the other place saves travel time—an important consideration. Otherwise, my practice goes on almost as before.

To be sure, I see somewhat fewer patients. And I've found it necessary to arrange with a colleague to take calls from my patients when there's a crisis at the lab. Still, these adjustments don't begin to compare with those a full-time research project would have forced on me.

My practice is intact. My income is only slightly less than it used to be. And if my investigations eventually reach a dead end, I won't need to start a new practice from scratch.

Of course, you may want to do research full time. In that case, you'll find the grant-giving agencies even more receptive. You'll go through the identical application and screening procedures, but with greater prospect of a yes.

How long does a grant run? N.I.H. grants—for either full- or part-time research—are often for one year initially. They may stretch to six years or more. If you want to renew, you must compete with new applications. But even so, four out of five doctors get their existing projects extended when they want to. Only 15 per cent of the requests for more time have been flatly rejected.

More Government Grants

Besides the N.I.H., you ought to know of other major sources of Government grants for medical research. Among these are the National Science Foundation, the Atomic Energy Commission, the Veterans Adminis-

resolve sinus or frontal headache

Doctors everywhere are now finding that Sinutab relieves the misery of sinus or frontal headache. Sinutab promptly and safely aborts pain, decongests to relieve pressure and provides mild tranquilizing action to relax the patient. Try Sinutab—you'll be pleased with the results.

Sinutab®

resolves sinus headache

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SIN MS–01

tration, and the Army, Navy, and Air Force. But about 75 per cent of the grant money awarded by the Federal Government for medical and biological research is administered by the N.I.H. Half of its grantees are doctors of medicine.

Non-Government Grants

What of non-Government-sponsored research? Of the part that's financed by pharmaceutical companies, a big fraction is handled by salaried personnel. As for the foundations, at last count, thirty-nine were making grants for research in medicine and biology. But many of them shy away from grants to individuals. So the number of foundation and drug-firm grants available to outside applicants is small.

Even so, these sources may be your best bet if you're working in an area that a foundation or a pharmaceutical firm is especially interested in.

Those other generous givers of grants, the voluntary agencies, naturally limit their research funds to their own fields of interest. Don't overlook local chapters of such agencies. Local heart associations, for example, support more research than their headquarters office does.

What you do to get a grant from a pharmaceutical company, a foundation, or a voluntary association differs from my experience in relatively minor ways. Sometimes the standards are higher, at least in this or that special area. Foundation grants are usually made for shorter periods than are N.I.H. grants. Chances of renewal tend to be more uncertain.

Try Several Sources

But you can bolster your chances by applying to several agencies. You can find out about the various foundations, their special interests, and their requirements from a reference work called "American Foundations and Their Fields," compiled by Wilmer Shields Rich and published by the American Foundations Information Service. It's currently out of print, but it's available in several libraries.

More▶

asthmatic...but symptom-free All day long, on the job or off, Tedral protects most asthmatic patients from bronchospasm, mucous congestion and the fear and embarrassment of recurrent seizures. One Tedral tablet, taken at the first sign of attack, blocks the acute phase. For prophylaxis, most patients can be effectively, safely *and economically* maintained in symptom-free security on just 1 or 2 Tedral tablets q.i.d.

TEDRAL®

the dependable antiasthmatic

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NOW...

also in Delightful

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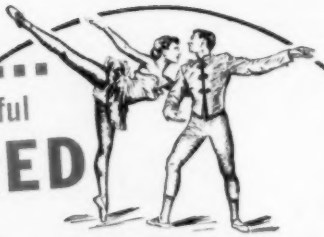
FORM



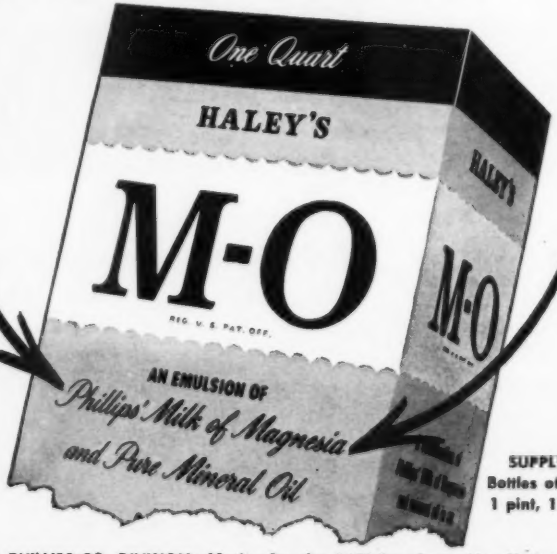
Smooth-Working Combination

TO HELP CORRECT CONSTIPATION

Antacid • Laxative • Lubricant

Magnesium Hydroxide plus pure mineral oil make Haley's M-O a smooth working antacid-laxative-lubricant that efficaciously relieves constipation and the attendant gastric hyperacidity.

The oil globules in Haley's M-O are minutely subdivided to assure uniform distribution and thorough mixture with intestinal contents. Oil leakage is avoided and a comfortable evacuation is effected through stimulation of normal intestinal rhythm and blunted defecation reflex.



SUPPLIED:
Bottles of 8 oz., 1 pint, 1 quart.

THE CHAS. H. PHILLIPS CO. DIVISION *of Sterling Drug Inc.* **1450 Broadway, New York 18, N. Y.**

You might also watch for a new directory that's being compiled by the Foundation Library Center. According to present plans, it will be published by the Russell Sage Foundation, 505 Park Avenue, New York, N.Y., later this year.

Meanwhile, you'll find on pages 112-113 a sampling of some voluntary agencies and pharmaceutical houses, with information about the grants they give. The list doesn't pretend to cover the field, but it should give you a good start. END

The Doctor Who Asked 'Why?'

By Geoffrey Marks

Not long ago, I met a doctor I hadn't seen for twenty-five years. He'd retired after forty years of family practice in Brooklyn, N.Y., and had come out to live on the West Coast, where I now serve as a medical management consultant. I had no trouble remembering Dr. Suskind. I've been telling other doctors about him over the entire quarter-century that intervened between our meetings.

Dr. Suskind, I often say, built up a good practice during the Great Depression by the intelligent use of the word "Why?"

Twenty-five years ago, whenever a physician began an anecdote by saying, "I have a patient . . . ," someone was sure to interrupt with: "You're lucky. I wish I had one." But Dr. Suskind always had patients aplenty. He had them, he once told me, "because I always ask 'Why?' "

Then he explained what he meant: "Whenever a new patient comes to my office, I say to myself: 'Why has this patient come to *me?* Why hasn't he gone back to his regular physician?' I've been doing this for fifteen years.

More on 130

Time after time...

in study after study

Once again, controlled sensitivity studies have demonstrated the efficacy of CHLOROMYCETIN. In one long-term study,[1] designed to eliminate variable factors in patterns of bacterial resistance, 5,600 consecutive cultures of gram-positive organisms were tested over a 16-month period. Of the four broad-spectrum antibiotics evaluated, CHLOROMYCETIN was consistently superior.

Reports from the literature[2-8] have repeatedly confirmed the observation that CHLOROMYCETIN is effective against a wide variety of clinically important pathogens. The marked susceptibility of gram-negative as well as gram-positive organisms to CHLOROMYCETIN suggests this antibiotic as an agent of choice in many infections.[3]

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

CHLOROMYCETIN®

(chloramphenicol, Parke-Davis)

PROVES OUTSTANDINGLY EFFECTIVE AGAINST PROBLEM PATHOGENS

IN VITRO SENSITIVITY OF GRAM-POSITIVE COCCI FROM 5,600 CONSECUTIVE CULTURES TO CHLOROMYCETIN AND TO THREE OTHER BROAD-SPECTRUM ANTIBIOTICS*

REFERENCES: (1) Leming, B. H., Jr., & Flanigan, C., Jr., in Welch, H., & Marti-Ibáñez, F.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 414. (2) Goslings, W. R. O., & Buchli, K.: *Arch. Int. Med.* **102**:691, 1958. (3) Suter, L. S., & Ulrich, E. W.: *Antibiotics & Chemother.* **9**:38, 1959. (4) Metzger, W. I., in Welch, H., & Marti-Ibáñez, F.: Antibiotics Annual 1958-1959, New York, Medical Encyclopedia, Inc., 1959, p. 966. (5) Fischer, H. G.: *Deutsche med. Wchnschr.* **84**:257, 1959. (6) Borchardt, K. A.: *Antibiotics & Chemother.* **8**:564, 1958. (7) Schneierson, S. S.: *J. Mt. Sinai Hosp. New York* **25**:52, 1958. (8) Waisbren, B. A.: *Wisconsin M. J.* **57**:89, 1958.

*Adapted from Leming & Flanigan.[2]

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00000

I did it in good times. I still do it in these bad times. If I possibly can, I find out their reasons for coming to me. Then I map out our future relationship. I believe this approach explains why I'm still busy."

What Answers Did He Get?

What were some of the things Dr. Suskind discovered in the course of talking with his new patients? Here are a few of them:

MR. MAZZOLINI, a businessman, had left his previous doctor because Mr. Mazzolini showed up on time for his appointments —but the doctor didn't. So Dr. Suskind made a note on Mr. Mazzolini's chart: "Call him if any risk of being late for an appointment."

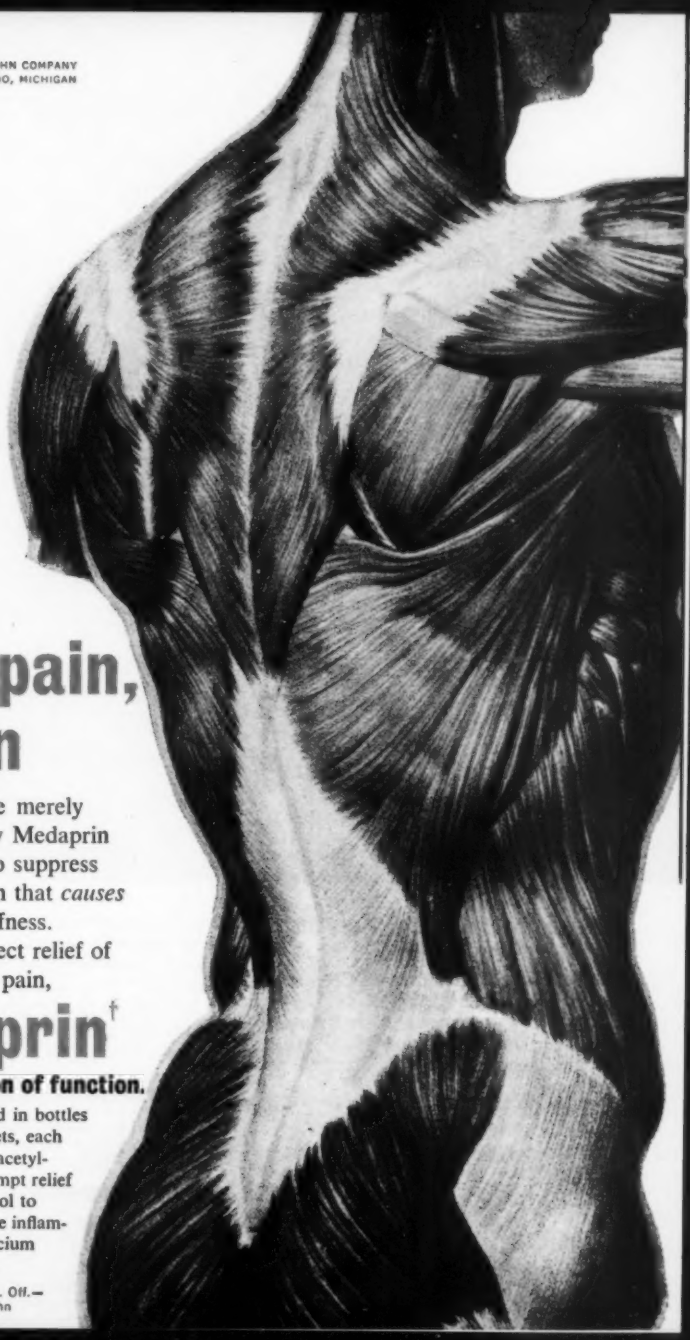
MRS. PERRY said she had gone from doctor to doctor seeking one who would take her complaint seriously. Dr. Suskind's notation: "*Caveat ridere.*" (The dog-Latin protected him in case the sensitive lady accidentally glimpsed her chart.)

MRS. SCOTT's former medical attendant had made optimistic prophecies that weren't fulfilled. Dr. Suskind wrote down: "*Nil prognosis rosens.*"

MR. SAUNDERS complained that his last doctor had invariably asked: "Would you like me to do a blood test (or a urinalysis, or what have you)?" Since Mr. Saunders was used to making his own decisions in his own business, he didn't relish being consulted by a doctor about medical decisions. "*Semper auctoritas,*" Dr. Suskind scribbled on Mr. Saunders' chart.

MR. PAYTON disliked doctors "on principle." He only came to Dr. Suskind as the nearest source of aid when his chest hurt alarmingly. MRS. KREUTZER left her previous physician when he charged her his full OB fee, even though she had miscarried with four weeks to go. MRS. WALETHI reported she'd been asking her doctor for months to send her to a good eye man; but he'd insisted she'd be wasting her money. MISS PIMM had walked angrily out of a physician's office when he had hiked up her sweater and plopped his stethoscope against her virgin breast without so

More on 134



Low back pain, sprain

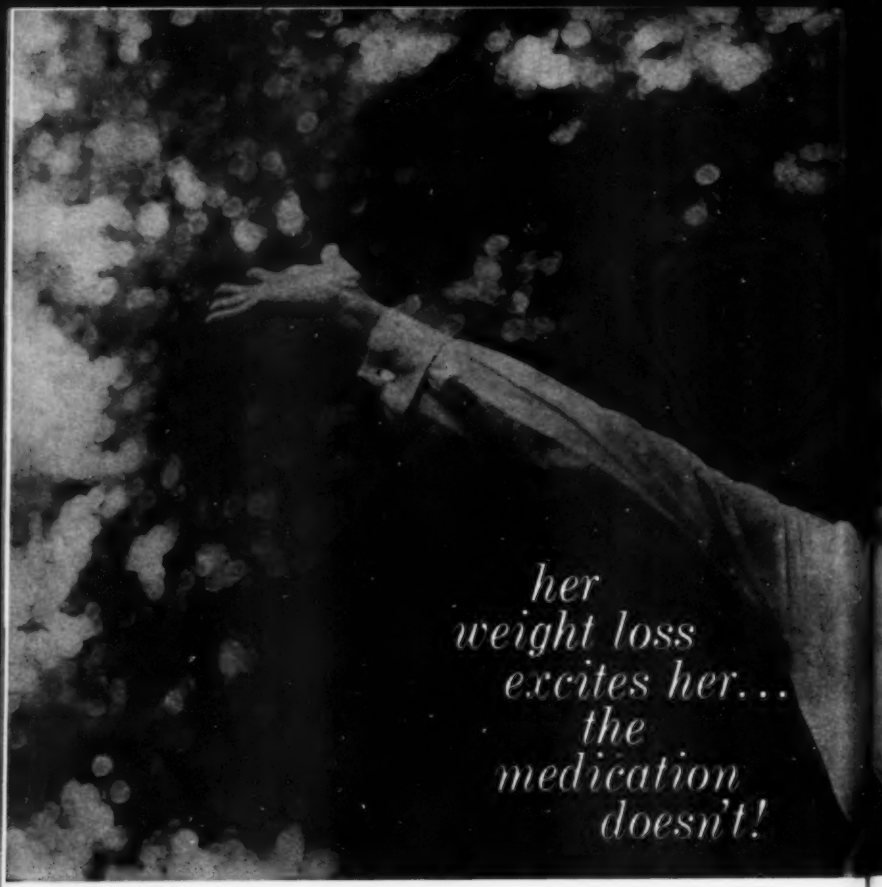
Analgesics alone merely mask pain. New Medaprin adds Medrol* to suppress the inflammation that *causes* the pain and stiffness. Thus, to the direct relief of musculoskeletal pain,

Medaprin†

adds restoration of function.

Medaprin is supplied in bottles of 100 and 500 tablets, each containing: 300 mg. acetylsalicylic acid for prompt relief of pain; 1 mg. Medrol to suppress the causative inflammation; 200 mg. calcium carbonate as buffer.

*Trademark, Reg. U.S. Pat. Off.—methylprednisolone, Upjohn
†Trademark



Late evening dose doesn't interfere with sleep.

Since Tenuate is free of CNS stimulation, it can be given in mid-evening, when TV snacks run up a high calorie count. Doses given to control late evening snacks will not interfere with sleep.[3]

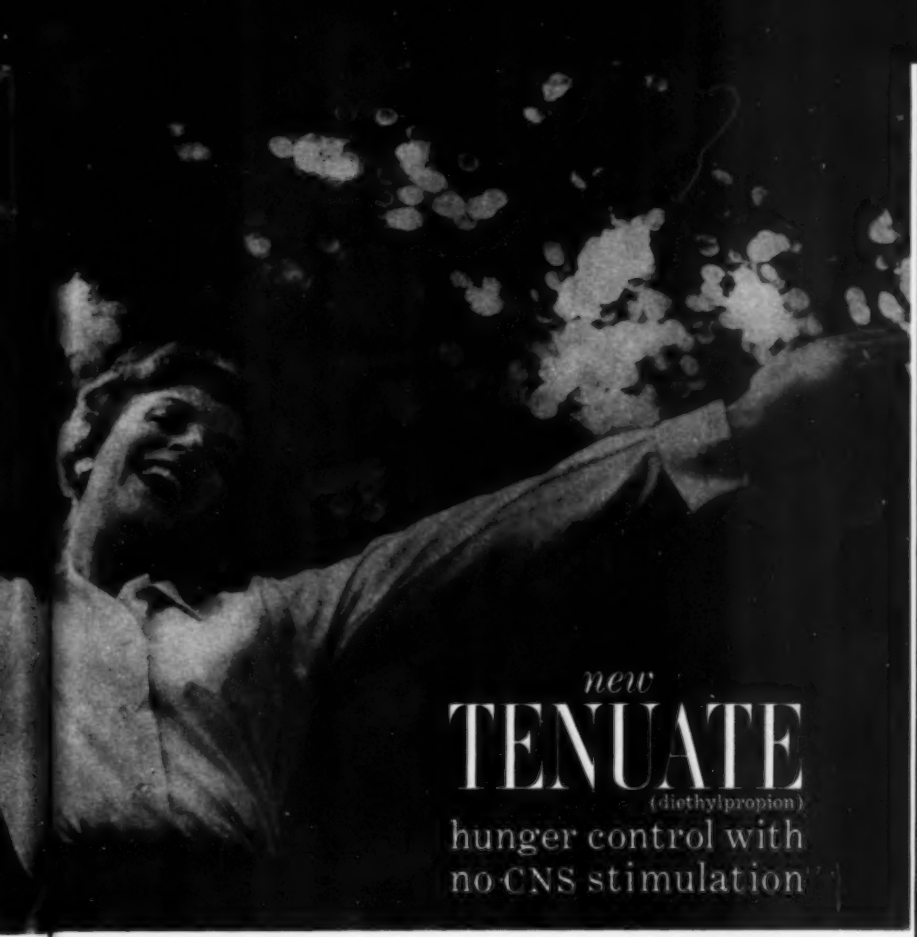
Tenuate cuts the urge to eat. So well, in fact, that weight loss on Tenuate averages over 1.5 lbs. a week (see chart)

Safe—Tenuate can be used even in overweight cardiacs or hypertensives.

EKG studies substantiate Tenuate's lack of appreciable CNS stimulation. No effect on heart rate, blood pressure, pulse or respiration is demonstrable.[8] Thus Tenuate is particularly well suited for hypertensive and cardiac patients – those whose weight *must* come down.

PROOF OF WEIGHT LOSS[3-6] In a series of 102 patients, the following weight losses were obtained:

Lbs./Week	Number of Patients	% Patients
0.1-0.9	23	22.54
1.0-1.9	51	50.00
2.0-2.9	25	24.52
3.0-4.0	3	2.94
	102 PATIENTS	100%



Indications: The overweight patient, including adolescent, geriatric and gravid, as well as special risk situations—cardiac, hypertensive, diabetic.

Dosage: One 25 mg. tablet one hour before meals. To control nighttime hunger, an additional tablet taken in mid-evening will not induce insomnia.

References: 1. Huels, G.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 2. Horwitz, S.: personal communication. 3. Spielman, A. D.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 4. Ravetz, E.: Mich. Acad. Gen. Prac. Symposium, Detroit, 1959. 5. Decina, L. J.: Exper. Med. & Surg. in press. 6. Scanlan, J. S.: in press. 7. Kroetz and Storck: personal communication. 8. Alfaro, R. D.; Gracanin, V., and Schleuter, E.: to be published.

Merrell

THE WM. S. MERRELL COMPANY
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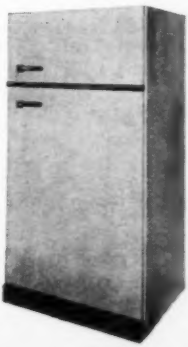
thwarts refrigerator raiders



TENUATE
Especially for late evening snackers. Controls hunger without producing sleeplessness.

much as asking permission. On each new chart, the methodical Dr. Suskind jotted a few words—often in jargon—that would serve to remind him of the patient's story.

From these seeds of guidance, Dr. Suskind cultivated a large crop of loyal patients. With the passing of time, he enlarged his understanding of each one's quirks. He developed the doctor-patient relationship to a point where it became an important part of his patients' lives. Thus, when the depression hit and patients began to stay away from doctors except in grave emergency, Dr. Suskind's patients found they needed him as much as ever.

"And they paid me, too," said Dr. Suskind reminiscently as we recently sat recalling the past. "Not always promptly, of course. But, by golly, they paid all of it finally. And I took care of lots of them till they died. When I left Brooklyn a few weeks ago, some of the last patients I saw were people who'd been coming to me for over thirty years."

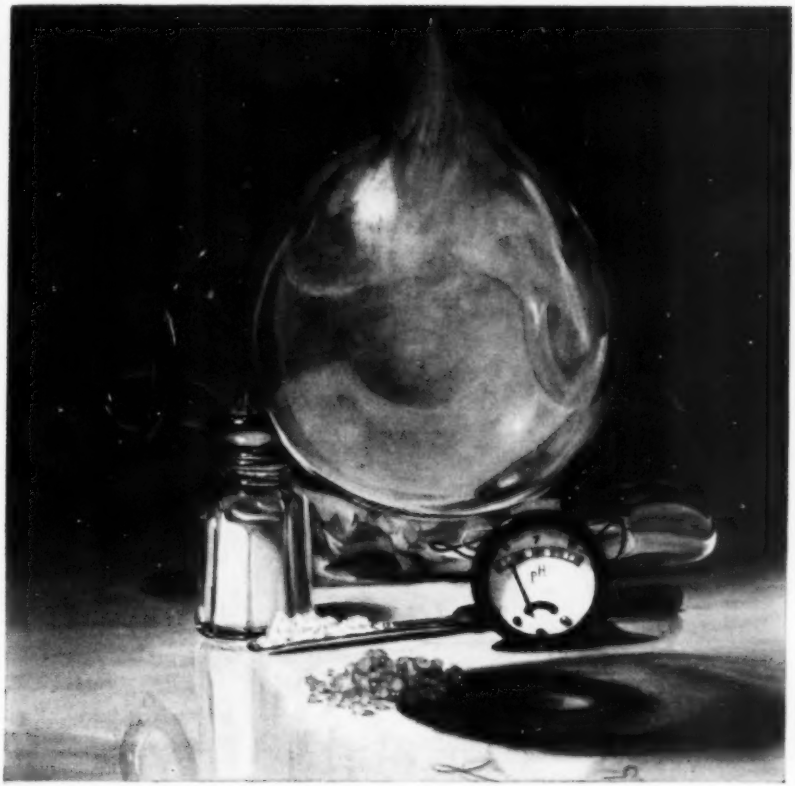
I asked him if he'd give me a hint to pass on to today's doctors—perhaps to store up in readiness for tomorrow's bad times, if they should ever come.

"Sure," said Dr. Suskind. "Find out *why* every patient picks *you*. Make a note of it. Build your relationship on it. But why wait for another depression? My little system paid off in boom times, too."

I suddenly remembered something. "Dr. Suskind," I said, "I was your patient in 1935. What did you write on my chart?"

"I wrote, '*Permittere verbosum ad lib!*' " chuckled the old man. "What have you been doing all these years?" END

more closely approaches the ideal diuretic



"When compared to other members of this heterocyclic group of compounds, this drug [NATURETIN] shows a significantly increased natriuresis and decreased loss of potassium and bicarbonate. In this respect it more closely approaches a natural or 'ideal diuretic.' It is effective upon continuous administration and causes no significant serum biochemical changes. It is effective in a wide variety of edematous and hypertensive states and represents a significant advance in diuretic therapy." *Ford, R.V.: Pharmacological observations on a more potent benzothiadiazine diuretic; accepted for publication by the American Heart Journal.*

Naturētin

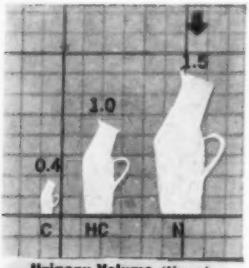
Squibb Benzydroflumethiazide

Naturētin

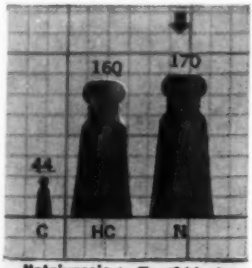
Squibb Benzydroflumethiazide

more closely approaches the ideal diuretic

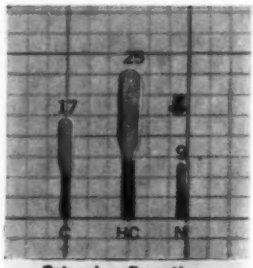
Comparison of electrolyte excretion pattern for the 24 hours following typical doses of chlorothiazide, hydrochlorothiazide, and Naturetin[1]



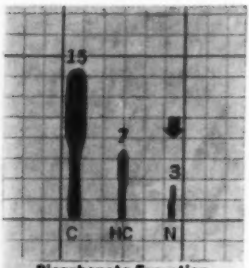
Urinary Volume (liters) significantly increased with Naturetin



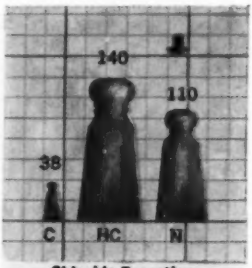
Natriuresis (mEq./24 hr.) sodium excretion significantly increased with Naturetin



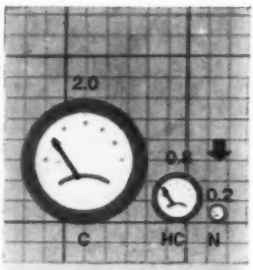
Potassium Excretion (mEq./24 hr.) least with Naturetin



Bicarbonate Excretion (mEq./24 hr.) least with Naturetin



Chloride Excretion (mEq./24 hr.) marked increases



Urinary pH least increase with Naturetin

Typical Doses: Chlorothiazide—1,000 mg.; Hydrochlorothiazide—50 mg.; Naturetin (Benzydroflumethiazide)—5 mg.

1. Adapted from: Ford, R.V., Squibb Clin. Res. Notes 2:1 (Dec.) 1959.

A single 5 mg. tablet once a day provides all these advantages[2]

- prolonged action – in excess of 18 hours
- convenient once-a-day dosage
- low daily dosage – more economical for the patient
- no significant alteration in normal electrolyte excretion pattern
- repetitively effective as a diuretic and antihypertensive
- greater potency mg. for mg.–more than 100 times as potent as chlorothiazide
- potency maintained with continued administration
- low toxicity – few side effects – low salt diets not necessary
- comparative studies with chlorothiazide, hydrochlorothiazide, and Naturetin disclose that smallest doses of Naturetin produce greater weight loss per day
- in hypertension, Naturetin, alone or in combination with other antihypertensives, produces significant decreases in mean blood pressure and other favorable clinical effects
- purpura and agranulocytosis not observed
- allergic reactions rarely observed

[2]Reports (1959) to the Squibb Institute for Medical Research

Naturetin – *Indications:* in control of edema when diuresis is required, in congestive heart failure, in the premenstrual syndrome, nephrosis and nephritis, cirrhosis with ascites, edema induced by drugs (certain steroids); in the management of hypertension, used alone, combined with Raudixin (Squibb Rauwolfia Serpentina Whole Root), or with other antihypertensive drugs, such as ganglionic blocking agents. *Contraindications:* none, except in complete renal shutdown.

Precautions: when Naturetin is added to an antihypertensive regimen including hydralazine, veratrum, and/or ganglionic blocking agents, immediate reduction must be made in the dosage for all preparations; the dosage for ganglionic blocking agents must be decreased by 50% to avoid a precipitous drop in blood pressure. This also applies if these hypotensive drugs are added to an established Naturetin regimen . . . in hypochloremic alkalosis with or without hypokalemia . . . in cirrhotic patients or those on digitalis therapy when reductions in serum potassium are noted . . . in diabetic patients or those predisposed to diabetes . . . when increased uric acid concentrations are noted . . . when signs—leg or abdominal cramps, pruritus, paresthesia, rash—suggestive of hypersensitivity, are noted.

Naturetin – *Dosage: in edema,* average dose, 5 mg., once daily, preferably in the morning; to initiate therapy, up to 20 mg., once daily in divided doses; for maintenance, 2.5 to 5.0 mg., daily in a single dose. *In hypertension:* suggested initial dose, 5 to 20 mg. daily; for maintenance, 2.5 to 15 mg. daily, depending on the individual response of the patient. When Naturetin is added to an antihypertensive regimen with other agents, lower maintenance doses of each drug should be used.

Naturetin – *Supplied:* tablets of 2.5 mg. and 5 mg. (scored).

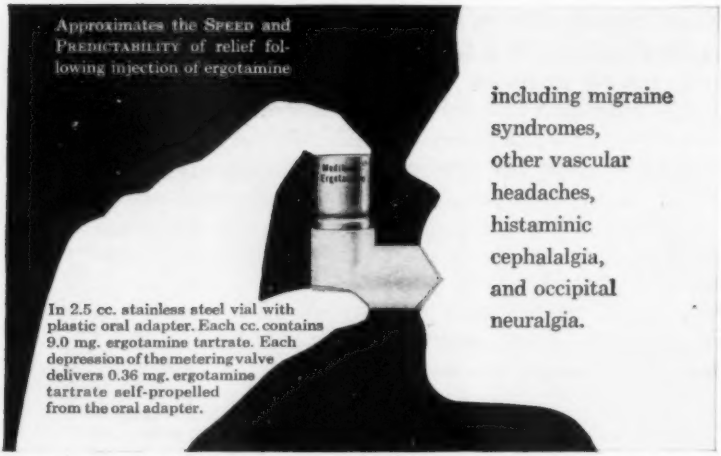
Rx
Naturetin 5mg.
#30
Disp.
Sig: 1 each
morning

SQUIBB Squibb Quality— the Priceless Ingredient

"RAUDIXIN"® AND "NATURETIN" ARE SQUIBB TRADEMARKS.

More Convenient

A New Route for Relief of Recurrent Throbbing HEADACHES



including migraine syndromes, other vascular headaches, histaminic cephalalgia, and occipital neuralgia.

Medihaler®-Ergotamine

Oral Inhalation of Micronized Ergotamine Tartrate

Dosage: A single inhalation at onset of headache. Repeat in 5 minutes if not relieved. Any additional inhalations should be spaced at intervals of not less than 5 minutes. Not more than 6 inhalations should be taken in any 24-hour period.

More Effective and **Faster Acting** than 1 mg. oral or sublingual ergotamine with or without caffeine.

Convenient...relief readily available anywhere, any time, without delay, without embarrassment—vest-pocket size unit travels with the patient.

Economical...each vial delivers at least 50 doses.

Riker
Northridge, California

These time-tested rules for stock market profits may seem old-hat to you. They are old-hat—so old that you may be forgetting them!

BY HARRY KAHN JR.

Not long ago, a Washington, D.C., internist opened an account with my brokerage firm. He had just wound up a short-term speculation that had turned out badly. His losses ran into thousands.

"I wish you could reduce successful investing to a set of clear-cut principles," he grumbled during our first interview. "Couldn't you work out something like the tests or treatment for ulcers?"

"I don't know much about ulcers," I told him. "But after years of studying the market, I *can* quote you a set of rules that will make you money in stocks. What's more, you can do it without becoming a full-time market-watcher and without taking dangerous risks."

In this article, I'll summarize my advice, starting off with a preliminary list of "don'ts":

1. Don't go into the market

THE AUTHOR *is a resident partner in the Washington, D.C., office of Bache & Co. and author of "A Primer for Profit in the Stock Market" (Doubleday & Co., New York, 1959).*

unless you can afford it. You can afford it only if you're keeping up with all your bills, if you have enough life insurance, and if you have sufficient money in cash or Government bonds to meet emergencies. Anything left over is yours to invest. But only that much. Remember that even the most carefully selected stock can go sour. You'll want to be able to bear a possible loss without hardship to your family.

Can You Keep Your Head?

2. Don't invest unless you're temperamentally equipped for it. I believe that the market's long-term trend is up. But there'll be some declines along the way. You must be able to watch your stocks go down without getting sick with worry or being panicked into selling "before it's too late."

3. Don't let your impulses influence your buying. In particular, don't follow unsupported hunches. After World War II, a lot of people bought Kaiser-Frazer on the theory that Henry J. Kaiser, as a production wizard, would do with autos what he'd done with ships. What they failed to consider was his lack of *auto* know-how. The stock's dismal history is a vivid illustration of what can happen when investors ride their hunches.

4. Don't play follow-the-leader. Don't act either on the tips of friends with inside dope or on the advice of market tip-sheets. Even if the insiders are right and the stock shoots up, you probably won't get the word to sell out in time.

5. Don't be seduced by low numbers. Too many new investors feel that when a stock costs only 75 cents or $1.50 a share, you can't lose much. Grade-school arithmetic shows where they're wrong. You can lose plenty when you're holding lots of shares of a cheap stock and it drops a few cents a share. By its very nature, an issue that costs little is more risky than one that investors value highly.

It's Not Life or Death

6. Don't get too immersed in the market. The amateur who gets in too deep loses his perspective not only on the market

but on life itself. Once you start poring over every market report and all sorts of fancy charts and theories, you're apt to forget the common-sense rules for successful investing.

The Plus Side

And now let's turn to the things you must *do* to make money in the stock market. I can sum them all up in the following three-point generalization: *You must choose intelligently, hang on unemotionally, and sell only when there's really a good reason to sell.*

Here I'm assuming that you'll buy stocks for the long pull—not for a quick turnover. This doesn't mean holding them for life and leaving them to your children. But it does mean that you won't sell a week or two later just because the stock goes up or down a few points.

Let me break my generalization down into its component parts:

What do I mean when I say, "choose *intelligently*"? I mean this: Do your homework. Your homework consists of learning through careful study all you can about a field, an industry, and a company.

For example, you should know how a given industry stands in relation to the whole economy. Will its products be in demand in lean years as well as in boom years? Does it face competition from new industries? And what about a given company within the industry? Are its products priced competitively? Is its management stable and aggressive? Does it have a good earnings and dividend record?

Do a Little Digging

Such information isn't too hard to come by. It's not the sort of thing your broker can always hand you in neatly summarized form. But it's available. You can find good leads in the financial pages of your newspaper. And you can usually get a company's annual financial statement simply by writing for it.

One other aspect of making intelligent choices: Since you're bound to pick some lemons no matter how much homework you

More on 146

she can be . . .

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with a one week course of daily injections

Anergex—1 ml. daily for 6-8 days—usually provides prompt relief that persists.

Children with asthma or asthmatic bronchitis show particularly dramatic response. In *all age groups*, reports on over 3,000 patients with all common allergic diseases have shown that over 70 per cent derived marked benefit or complete relief following a single short course of Anergex injections.

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Anergex eliminates skin testing, long drawn-out desensitization procedures, and special diets. It has been effective even in patients resistant to other therapy.

Anergex is also effective in allergic rhinitis, food sensitivity, and eczema.

Available: Vials containing 8 ml.—one average treatment course. **WRITE FOR REPRINTS AND LITERATURE**

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HOW TO GET MORE

IF YOU WANT TO FIND . . .	
the brand name of a drug	
the manufacturer's name	
essential product information; composition, action & uses, administration, dosage, precautions, contraindications, how supplied, literature available	
a drug with a particular pharmacological action	
a drug with a particular major ingredient	
a drug with a particular therapeutic indication	
generic name of a brand name drug	

OUT OF YOUR 1960 PDR

AND YOU ALREADY KNOW...	HERE'S WHERE TO LOOK...
the manufacturer's name	Pink Section, Part II: Alphabetical Index by Manufacturers.
its generic name	Yellow Section: Drug, Chemical, and Pharmacological Index*
the drug's brand name	Pink Section, Part I: Alphabetical Index by Brand Names*
the drug's generic name	Yellow Section: Drug, Chemical, and Pharmacological Index*
the drug's brand name	Pink Section, Part I: Alphabetical Index by Brand Names*
the pharmacological action	Yellow Section: Drug, Chemical, and Pharmacological Index*
the major ingredient	Yellow Section: Drug, Chemical, and Pharmacological Index*
the therapeutic indication	Blue Section: Therapeutic Indications Index*
the drug's brand name	Pink Section: Part I, Brand name index. Generic name will be found under "Composition" in White Section.

**In the Pink, Yellow, and Blue Sections, the page number following the drug name refers to the page in the White Section where the drug is comprehensively described. If no page number is listed, the drug is not described in the White Section.*

do, you'll be wise not to buy all your stocks in one industry or in allied ones. Putting your money into five or more issues in different industries—diversifying your holdings, in other words—will limit any loss you take.

Don't Follow the Crowd

Once you've made an intelligent choice of an issue, hang on to it *unemotionally*. Often you may find you're out of step with the crowd. You may feel that holding or buying is indicated at a time when everyone seems to be selling. Trust yourself. The stock market is no place to succumb to mob psychology.

It's true that running with the pack gives one a sense of security. But the pack is too often wrong—because of either excessive enthusiasm or excessive gloom. Going your own way will frequently spell the difference between taking a profit and just breaking even or losing.

Finally, sell only when there's good reason to sell. Some investors get restless when a security they're holding stops rising and seems to mark time. They'll ask: "Don't you think I should take my profit and get into something else?" My answer is this:

It's awfully easy to forget the underlying factors that originally made your investment a good one. They're too often forgotten before they even come fully into play. Always remember that you're playing for the long pull. That way, you'll avoid the need to guess about the meaning of each and every market jiggle.

The above three points constitute the heart of a sound approach to making money in the stock market. But I suspect that if you have only $3,000 to $4,000 to put to work, you'll do best not to try to go it alone. In such an event, I'd recommend a tested mutual fund. It will provide the diversification and sound management you ought to have.

Choose Adviser Carefully

If you do go it alone, find yourself an adviser whose judgment you can accept as a double-check on your own. Give him a picture of your investment goal, so he'll be able to understand whether you need income rather than

In prophylaxis of angina pectoris

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"The best results . . . in both clinical and electrocardiographic response, were observed with a combination of meprobamate and pentaerythritol tetranitrate [EQUANITRATE]. . . ." Russek[1] so reported using double-blind methods in an important new study of pentaerythritol tetranitrate, a placebo, meprobamate, and EQUANITRATE.

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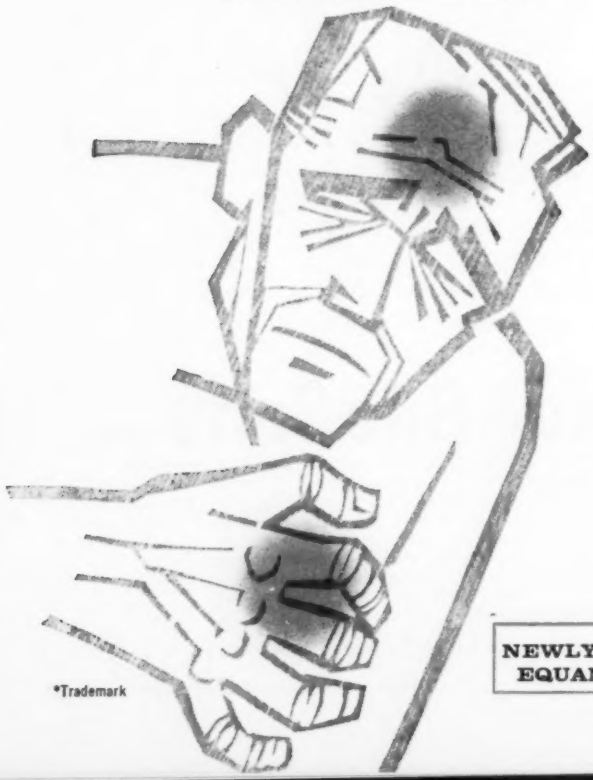
1. Russek, H.I.: Am. J. Cardiol. *3*:547 (April) 1959.

Equanitrate*

Meprobamate and Pentaerythritol Tetranitrate, Wyeth

Wyeth
Philadelphia 1, Pa.



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growth, and also whether you can afford to take much risk. The man you choose needn't be from a big firm. True, a big firm may have access to more information, but a small one may give your account more attention.

Don't discount the basic rules just because they sound so simple. Follow them as you wish you could follow the Ten Commandments, and you're well-nigh certain to come out ahead in your investments. END

Biggest Cause of Fee Complaints

BY GEOFFREY MARKS

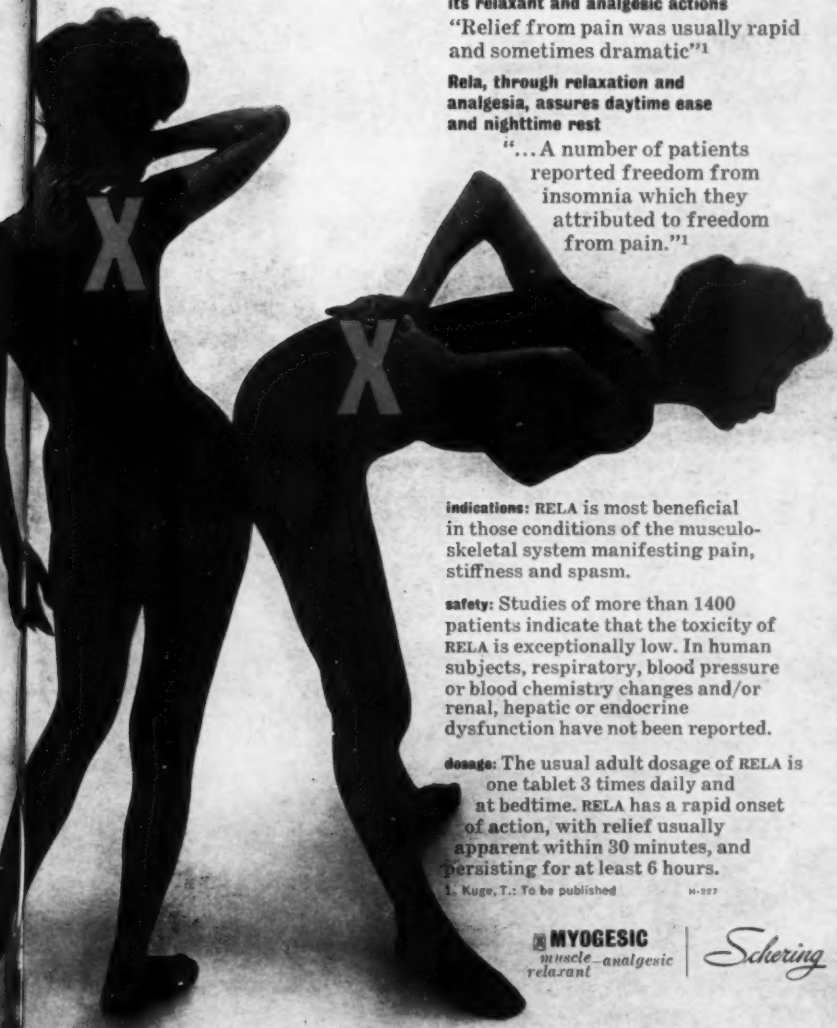
Recently, a married couple who know I'm a medical management consultant asked me to suggest a family doctor for them. The request surprised me. I knew that they already had one and that the wife (who was pregnant) was seeing an obstetrician. But it turned out that the couple were unhappy with *both* doctors.

What caused their unhappiness? Misunderstandings about fees. The OB man, they told me, had charged $20 for a five-minute prenatal examination—"and I waited forty minutes to see him," complained the young wife. As for the G.P., they alleged he'd charged the husband $11 for an office visit and $30 for a ten-minute house call.

Here's what had really happened, as I took the trouble to discover:

1. The $20 OB charge was one-tenth of the obstetrician's package fee for complete care. Neither the doctor nor his aide had explained this breakdown of

More on 152



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Rela, through relaxation and analgesia, assures daytime ease and nighttime rest
"...A number of patients reported freedom from insomnia which they attributed to freedom from pain."[1]

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dosage: The usual adult dosage of RELA is one tablet 3 times daily and at bedtime. RELA has a rapid onset of action, with relief usually apparent within 30 minutes, and persisting for at least 6 hours.

1. Kuge, T.: To be published

H-927

MYOGESIC
muscle relaxant—analgesic

Schering

the total fee into easy-to-manage installments.

2. The $11 "office visit" included a $4 professional fee, $4 for a special injection, $2 for a microscopic urinalysis, and $1 for a hemoglobin estimation. I got that breakdown because I asked for it. It hadn't been given to the patient.

3. The $30 "ten-minute house call" was an 11 P.M. emergency call on a Sunday. The physician had driven eighteen miles to make the call and eighteen miles home again. The "ten minutes" had actually been twenty-five minutes at the patient's home. Both parenteral and oral medication had been given. Twenty-six days later, the doctor's office had mailed the patient a statement that said, "House call $30."

My young friends' unhappiness could have been easily avoided if the doctors had explained their charges. *Explanation* forestalls the need for *justification*. And, by the way, the monthly statement isn't the best medium to use in explaining charges. It should confirm what the patient already knows.

In the case I've just discussed, the failure of two doctors to do the necessary explaining sent a couple of good patients shopping. END

Don't bother to dress

The other night at 3 A.M., a practitioner I know was awakened by the phone. It was a woman. "What do you charge for a house call?" she asked.

"Eight dollars," he mumbled sleepily.

"And how much for an office visit?"

"Five dollars."

"O.K.," she said briskly. "I'll meet you at your office in ten minutes." —MICHAEL CROFOOT, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

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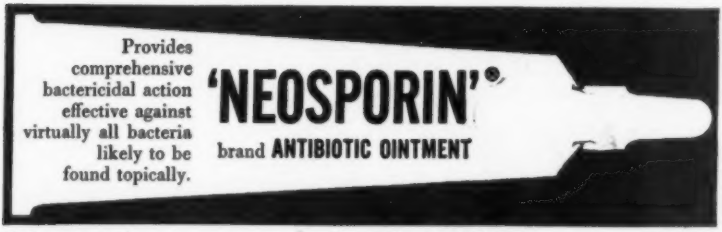

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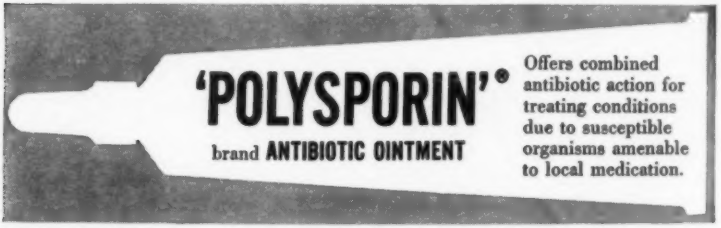

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Polymyxin B Sulfate .....10,000 Units
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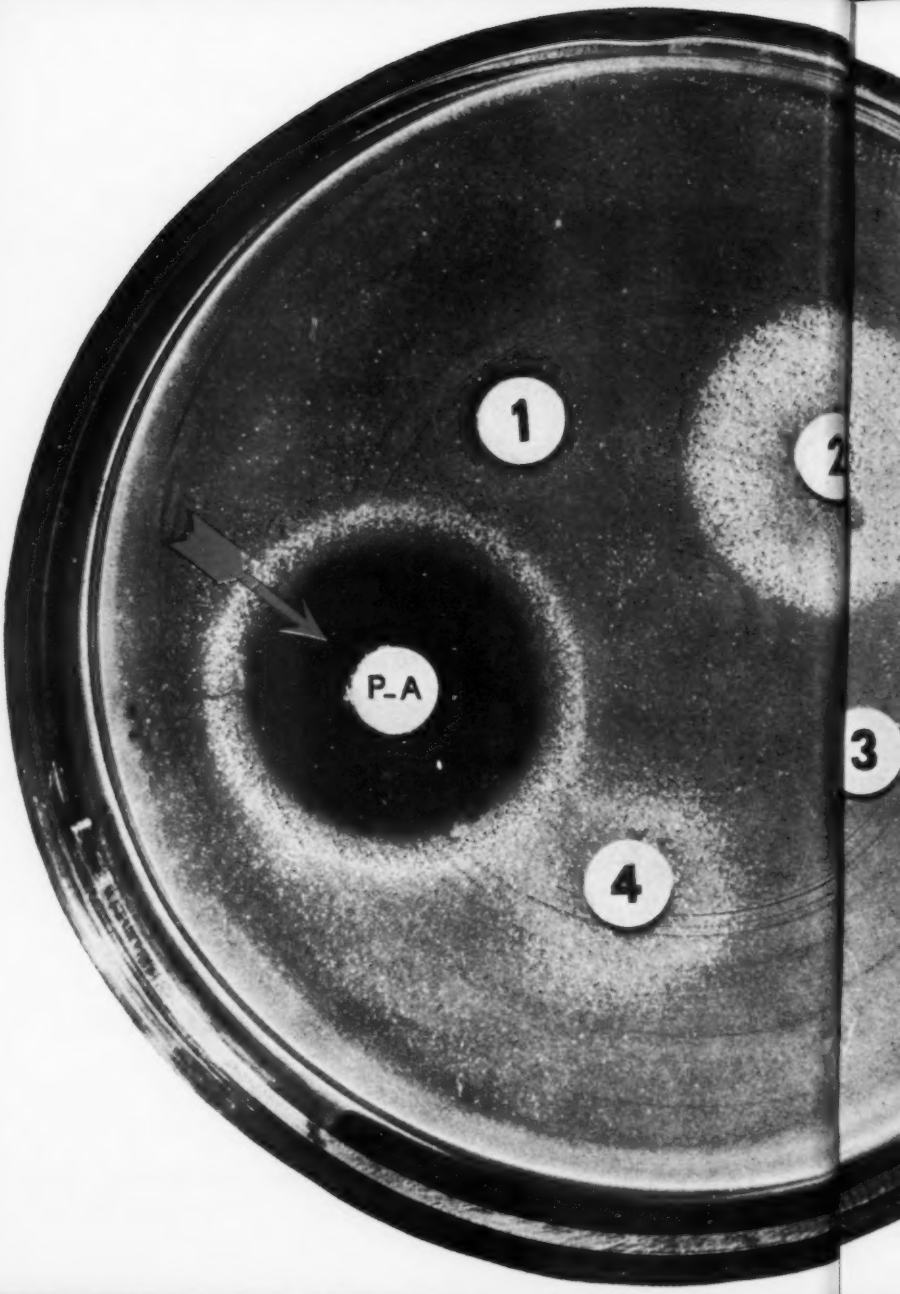
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3
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Twenty-four hours later (in this greatly enlarged photograph), note that only *one* of the five leading antibiotics has stopped *all* the organisms, including the resistant staph! This is Panalba.

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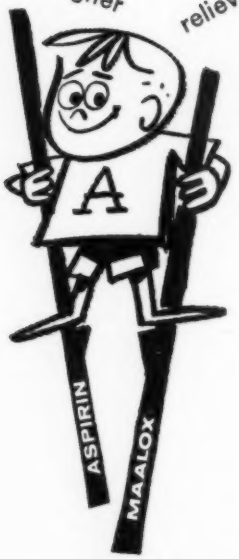

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Hospital Colleagues Who Make Me Mad

Individualists like these five types, says a former records committee member, make hospital work a little riskier for everyone

By Frances M. Love, M.D.

Most hard-working practitioners probably do their best to keep complete and up-to-date records on their hospitalized patients. They'd be foolish not to. Apart from any medical value, well-kept records can be a form of malpractice insurance.

But if you want to get unpopular fast, I can tell you how: Join your hospital's records committee. Old friends will start passing you in the corridors with cool nods. If you tactfully suggest to a colleague that he stop by the records room and reduce the pile of incomplete records choking his slot, he's likely to take it as a personal insult. *Everybody* isn't mean to you—but an awful lot of people are.

Any physician who serves on

THE AUTHOR *is a pediatrician in Tarrytown, N.Y.*

such a committee, as I have, soon recognizes certain types among those who give him a hard time. Here are thumbnail sketches of five such characters (to be found in your hospital as well as mine):

THE DISORGANIZATION MAN

One of the hardest to deal with because he's so likable, this doctor loves to chat with his patients and other physicians. He's always ready to help with curbstone advice or corridor consultation. But if he has to go out of town, the covering doctor need not expect to find any written vital information on the absent man's patients. Dr. Disorganization knows all about Mrs. A's violent penicillin allergy; but it hasn't occurred to him to put it on the record.

THE BRIGHT YOUNG DOCTOR

Having just finished his residency, he believes he has risen beyond such demeaning chores as writing down information on the patients he admits. It's almost impossible to get him even to sign his name.

THE ELDER STATESMAN

He feels that his age and years of service entitle him to special privileges. One of these, apparently, is the privilege of total noncooperation with his unfortunate records committee.

THE HUMORIST

His wisecracks keep colleagues, nurses, and patients alike in stitches. So he can't resist adding amusing touches to his written reports. When his private witticisms are read aloud in public, as they sometimes have to be during legal proceedings, they add up to a pretty sour joke.

THE RED-TAPE HATER

He gets irritated at the very thought of leaving his rightful place at the bedside for "all those forms" and "all this red tape." None of the arguments for writing it down seems to impress him. He's confident that lawsuits happen only to other doctors. Isn't he giving his patients the best possible care by devoting his time to them in person?

Once I had a long argument with a Red-Tape Hater. I could not convince him that hospital records are of major importance. Soon after our conversation, he was hit with an unjustified malpractice suit. At the trial, vital details of diagnosis and treatment were sharp in his memory, but there was no written record to prove what he remembered. The jury awarded the plaintiff large damages.

As medical students, internes, or house officers, we used to grouse about having to prepare records at inconvenient times and in vast quantity. Yet we seldom questioned the records' importance.

Later, when out in practice, some of us—like the types I've described—have tended to forget how important records can be. A lawsuit in such a case serves as a hard reminder. END

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As an antihypertensive:

"a distinct advantage in the manifestations of hypertension"[1]

... a superior foundation drug (hydroflumethiazide) for an antihypertensive regimen ... often the only drug required for effective therapy.[1,2]

... in other cases, enhances the antihypertensive effects of concurrently administered tranquilizers and ganglionic blockers (usually permitting smaller dosage).[1,2,3]

... helps to restore "dry weight" while lowering blood pressure.[1]

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"a marked advancement in the field of diuretic therapy"[4]

... prompt sodium excretion,[1-4] with "a duration of at least 18 hours" on a single 50-mg. tablet.[1]

... less potassium and bicarbonate excretion or pH change than with chlorothiazide or hydrochlorothiazide.[1,4,5,7,8,9,11,12]

... well tolerated[1,3,4,5,6,12] ... "repetitively effective."[1,7]

INDICATIONS: *Hypertension and hypertensive cardiovascular disease:* Effective by itself in many cases. Also as an adjunct for potentiating other antihypertensive drugs, reducing dosage of other drugs, and simplifying over-all management.

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REFERENCES:

1. Ford, R. V., and Nickell, J.: Ant. Med. & Clin. Ther. 6:461, 1959. 2. Cohen, B. M.: Current Therap. Res. 1:49, 1959. 3. Blaze, C. R.: Lancet 2:311, 1959. 4. Fuchs, M., and Mallin, S. R.: Int. Rec. Med. 172:434, 1959. 5. Edmonds, C. J., and Wilson, C. M.: Lancet 2:303, 1959. 6. Kennedy, A. C., Watson, W. C., and Cunningham, C.: Lancet 2:309, 1959. 7. Ford, R. V.: Int. Rec. Med. 172:434, 1959. 8. Fuchs, M., Mallin, S. R., and Moyer, J. H.: Circulation 20:699, 1959. 9. Young, D. S., Forrester, T. M., and Morgan, T. N.: Lancet 2:769, 1959. 10. Montuschi, E.: Lancet 2:462, 1959. 11. Foreign Letters: J.A.M.A. 170:1864, 1959. 12. Jones, J. H., and Jones, J. V.: British M. J. 2:928, 1959.

Malpractice Insurance That Isn't

The startling failure of one British insurance company has raised an important question: Are you taking a big risk if your coverage is non-American? Here's the answer

By Robert L. Brenner

Which is the better malpractice insurance: domestic or foreign? U.S. physicians have been split on the question ever since the early Fifties, when overseas insurers—particularly those associated with Lloyd's of London—began bidding in earnest for business among American medical men.

Doctors who prefer foreign coverage point out that it's usually much cheaper than domestic coverage, and that foreign insurers often accept risks that domestic companies won't. Physicians who distrust it argue that because foreign carriers *are* headquartered abroad, they're harder to deal with when trouble strikes. These doctors also point out that foreign firms aren't licensed in most states; so it's doubtful, they say, whether the foreign firms could be forced to pay off if they chose not to.

In recent weeks, the opponents of foreign coverage may have picked up ten thousand-odd new supporters. That's the most accurate estimate of the number of U.S. physicians whose mal-

Unpublished Observations on Ultrasonics

Someone once said, "When the experts disagree, the ignorant may choose."

MANY clinicians who are using ultrasonic therapy in their medical practice now agree that there are effects from ultrasonic energy other than the proven deep-heating effect on selective tissues, and that this deep heat is secondary to the "stirring or cellular micromassage" effect produced in normal or pathological tissue[1].

AN EXPERIMENT

Pour a handful of oil into the palm of one hand, dip the transducer head in oil and place it to the back of the hand in firm contact, adjust the intensity to 1 watt per CM^2 and move the transducer back and forth or in a spiraling motion. Now watch the energy activate the oil in the palm of the hand through your hand. What is this energy doing to the tissues? Who can say? What does aspirin do to the system? During the last nine years the author has made this demonstration with a Birtcher Megason V as often as 50 times a day in the physician's office, hospital, clinic, home and at conventions — with no ill effects.

More than 20,000 physicians are using ultrasonic therapy. Although there are over 3,000 published reports — all encouraging — still, the whole story is not told. Approximately 19,000 of these physicians have no time to write up their successes for publications. The author has assisted many hundreds of these physicians in the treatment of housemaid's knee, tennis elbow, low back pain, wry neck, bursitis, Bell's palsy, sprains, strains, muscle pain and spasm, contused fingers and toes, sinusitis, charley horses, frozen shoulders, prostatis (through the perineal triangle), nerve injuries, and whatnot. In all cases the usual get-well time was cut in half and many times the results were dramatic after only one treatment. Oh, yes, — don't forget, Peyronie's Disease — treat the part under water with 1 to 1.5 watts per CM^2 for 5 minutes daily, or 3 times a week.

The Veterinarian doctor also has discovered ultrasonic energy. The results of treatment with ultrasound have been particularly outstanding* on suspensories, popped ocelots, stifle, mushy knees, puffiness around the sesamoid. Do you have a jumping horse with a swollen fetlock?—treat it with ultrasound and he'll jump again in three months rather than the usual six to eight months. Did you ever see a horse stand immobile for 10 hours suffering from urine retention and after 5 minutes of ultrasound over the bladder relieve itself in 10 to 15 minutes? This is standard therapy for Veterinarians familiar with ultrasound. Too, the Veterinarian has honest patients with no insurance problems to cause malingering.

Doctor, if you are not using ultrasound, try it. You have nothing to lose and patient satisfaction to gain.

A 64 page booklet entitled "Ultrasonics in a Nutshell," which contains abstracts from many of the most thorough of the published reports on ultrasonics, is available from The Birtcher Corporation Dept. ME 260A, 4371 Valley Blvd., Los Angeles 32, California.

1. Herman J. Bearzy; Kenneth Phillips; Jerome W. Gersten—"Modern Medicine"—March 15, 1959. *9 years of field work and communications to the author. The author is a manufacturer's representative and a patient.

practice insurance has been partly voided by the liquidation of one overseas carrier—British Commercial.

Since September, when the failure of British Commercial was announced, MEDICAL ECONOMICS has been querying insur-

A MEDICOLEGAL EXPERT COMMENTS ON BRITISH COMMERCIAL'S FAILURE

After seeing an advance copy of the accompanying article, Dr. Joseph F. Sadusk Jr., a member of the A.M.A. Committee on Medicolegal Problems, has commented as follows:

"I believe you're too protective of brokers and Lloyd's of London, and you may have given some doctors false hopes that they'll get a substantial return after the 'liquidation' of British Commercial. In my book, 'liquidation' is a parlor term for bankruptcy.

"Since malpractice coverage is known to be a long-term affair, the selling of a misleading policy is not something of which the broker who sold it can be proud. I believe that very few—if any—physicians who had this coverage realized it was *not* a true Lloyd's policy. Indeed, you're unlikely to find a doctor who has ever seen the alleged coverage. These Lloyd's policies just don't get to the United States. They're held on file in London, and all the physician gets is a flimsy little piece of paper called a 'certificate.' I've been battling since 1954 to get physicians to realize that when they receive coverage for medical malpractice, they ought to have evidence from the insurance company itself as to who is actually covering them.

"Finally, it has been common knowledge in England that British Commercial was in bad shape financially for several years. Why did American underwriters continue to write British Commercial coverage through 1955, just three years before the company folded?

"I'd now like to ask these brokers and Lloyd's: What are you going to do about it now that you've got the doctors in this predicament?"

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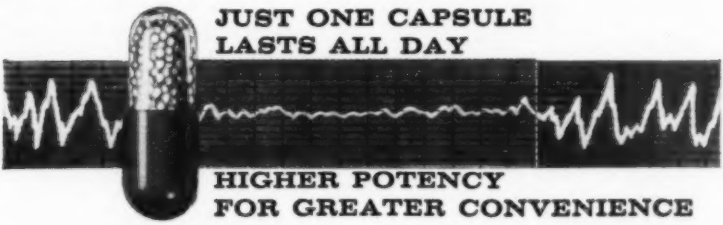

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Available: *Meprospan-400*, each blue capsule contains 400 mg. Miltown (meprobamate)
Meprospan-200, each yellow capsule contains 200 mg. Miltown (meprobamate)
Both potencies in bottles of 30.

WALLACE LABORATORIES, *New Brunswick, N.J.*

CME-9428

ance brokers, administrators of specialty-society group malpractice plans and county and state medical society legal advisers. Purpose: to learn which U.S. physicians are affected by the firm's demise, just where it leaves them, and what they can do about it. The best information these authorities have is summed up in the following paragraphs.

The most frightening possibility arising from the company's liquidation is illustrated in a letter that one insurance broker wrote recently to seventeen California physicians. Gist of the letter: The broker was sorry to inform the doctors that they're responsible for the first 50 per cent of any malpractice loss they incur under their policies for certain specified years.

Of these seventeen physicians, three have been threatened with malpractice suits; thirteen are awaiting trial of suits already filed; and one is appealing an $80,000 judgment that went against him. All of them reportedly thought they'd been covered for the periods in question with

Lloyd's of London. Now they've learned that half their coverage was with the now-defunct British Commercial. Why the misunderstanding? Here's the answer:

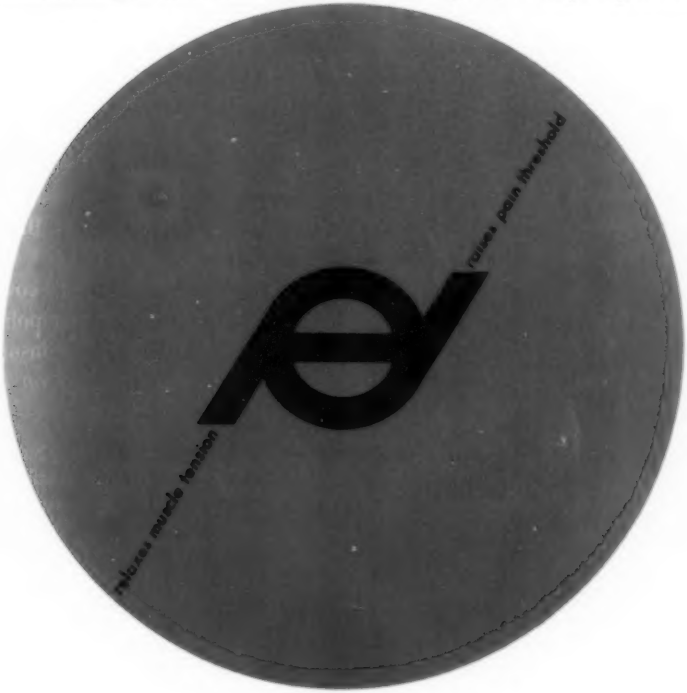
Contrary to what many American doctors believe, Lloyd's of London isn't actually an insurance company. It's the headquarters for a number of underwriting syndicates and brokerage firms, all controlled by a central body known as the Committee of Lloyd's.

A broker may get a Lloyd's underwriter or syndicate of underwriters to take an entire risk. Or he may be able to get only a portion of the risk accepted. When that happens, he must farm out the rest to some independent British insurance company or companies not connected with Lloyd's. And one of the outside companies with which American malpractice insurance used to be placed was British Commercial.

So if you have Lloyd's coverage, take a look at your policy. If it states that you're insured

More on 170

announcing a new class of drug *the first analgomylaxant*



analexin™

phenyramidol HCl

a single chemical that is both a general non-narcotic analgesic and an effective muscle relaxant

analexin

where pain makes tension and tension makes pain analexin stops both effectively

Analexin is a new synthetic chemical[1] that inherently possesses within one molecular structure two different pharmacologic actions: (1) *analgesia* by raising the pain threshold and (2) *muscle relaxation* by selectively depressing subcortical and polysynaptic transmission (interneuronal blockade), abolishing abnormal muscle tone without impairing normal neuromuscular function.[2]

The analgesic potency of one tablet is clinically equivalent to that of 1 grain of codeine; however, phenyramidol is non-narcotic nor is it narcotic related. It is not habituating. No evidence of tolerance or cumulative effects. Muscle relaxant effect is comparable to the most potent oral muscle relaxants available.

relieves the total pain experience . . .

Pain, regardless of origin, is often paralleled by muscle tension, which may play a significant role in exacerbating the total pain experience. Employment of phenyramidol, a single agent with two distinct but simultaneous physiologic actions, has obvious advantages; for it can relieve the total pain experience more effectively as it acts on pain centers and muscle to produce analgesia and muscle relaxation.

with remarkably few side effects

Analexin does not produce such centrally induced side effects as sedation, euphoria, etc., occasionally observed with analgesic agents or interneuronal blocking agents. The infrequent occurrence of mild gastrointestinal irritation, or epigastric distress, pruritus with and without rash, has been noted. However, these effects subside promptly when dosage is reduced or discontinued.[3]

Clinical Results with Analexin in Painful Conditions

investigator	type of pain treated	no. of cases	results or comment
Batterman, Grossman & Mouratoff[3]	musculoskeletal pain	118	"Not only is satisfactory relief of painful states achieved in the majority of patients regardless of etiology and duration of pain, but there is also no evidence suggestive of cumulative toxicity. Furthermore, in contrast to codeine and meperidine, the likelihood of untoward reactions occurring in ambulant patients is not high."
	ambulatory patients with other than musculoskeletal pain	43	
	hospitalized patients with pain secondary to medical or surgical conditions	34	
Wainer[4]	dysmenorrhea	50	Excellent or good results in 45 out of 50 cases; poor results in 5 cases in 4 of which subsequently pathology was found.
	premenstrual tension and headache	50	In 50 cases—40 received excellent relief. Of the remaining 10—five were subsequently demonstrated as migraine. In the remaining 5—there were poor results.
	postpartum pain	100	phenyramidol with aluminum aspirin (Analexin-AF) successfully replaced aspirin and codeine in these 100 cases.
Bealer[5]	musculoskeletal pain	32	good to fair results in 29 out of 32 cases; poor results in 3 patients.
Stern[6]	ambulatory patients with a variety of painful conditions	40	good relief in 32; poor in 8.
Bader[7]	dysmenorrhea	20	satisfactory results in 15; fair in 5; all women were able to remain at work.

with "Lloyd's, London," it means that Lloyd's insurers have accepted your whole risk. You'd then have nothing to worry about. But if your policy states that you're insured with "Lloyd's, London, and/or companies," it means that anywhere from 6 to 80 per cent of your coverage has been farmed out.

Don't leap to the conclusion, though, that some of that farmed-out coverage must have gone to British Commercial. In fact, as we'll see, you can be reasonably sure that the company's liquidation probably does *not* affect most policies issued after 1957. But if one of your earlier policies includes the "and/or companies" phrase, some of your coverage for that year may be nonexistent.

Assuming that's so, you'll want to know just how great a percentage British Commercial was responsible for. Lloyd's men say that the portion varied with each individual policy. So the only way to find out what it was in your case is to have your insurance man check with Lloyd's. For your own protection, the

when her periods stop

start **TACE** (chlorotrianisene)

NEW ESTROGEN APPROACH TO THE POSTMENOPAUSE

Menopausal symptoms are often intensified following the sharp drop in available endogenous estrogen during the early postmenopause.

At that time—when periods stop but symptoms continue—TACE is most valuable. It usually means a symptom-free adjustment to the postmenopausal state. How? TACE stores in body fat, releases slowly, evenly, in the same manner as a natural hormonal secretion. A normal course of TACE therapy is 30 or 60 days. But even after therapy stops, estrogenic activity continues, gradually tapers off, finally is exhausted in about 2 months.

Thus, sudden endometrial change doesn't occur, withdrawal bleeding is rare. Artificial stimulation and "estrogen dependence" are avoided. Complicated dosage adjustment is unnecessary. Finally, there are no "peak-and-valley" estrogenic effects.

You can observe this unique effect in your patients. Simply prescribe two TACE 12 mg. capsules daily for 30 days. A severe case may require an additional 30-day course.

TRADEMARK: TACE®

THE WM. S. MERRELL COMPANY

New York • Cincinnati • St. Thomas, Ontario

A.M.A. Law Department urges that you get such information from your broker in writing.

How many foreign-insured U.S doctors do have partial coverage with British Commercial? Dr. Joseph F. Sadusk of the A.M.A. Committee on Medico-legal Problems estimates the total at 10,000. This includes some members of two specialty societies' group insurance plans.

Some authorities believe the 10,000 figure to be conservative. For instance, spokesmen for one of the country's busiest malpractice insurance brokers say that from 4,000 to 5,000 doctor-customers of their firm alone have had partial coverage with British Commercial. Of these, fifty to sixty M.D.s reportedly have claims against them for the period covered by their policies.

The Group Plans Involved

One specialty-society group insurance plan that's affected is that of the American College of Physicians. It had a "Lloyd's, London and/or companies" policy from Oct. 7, 1953, to Sept. 1, 1956. Says an A.C.P. officer: "Our broker hasn't yet told us what portion of our coverage was with British Commercial. But we know some of it was."

The other specialty-society plan that's affected is that of the College of American Pathologists. Says a former executive of the plan: "The college dropped its Lloyd's contract in the fall of 1958, but some pathologists elected to continue with Lloyd's. Some of those who were insured under the group contract—we don't know how many—did have partial coverage with British Commercial. None of the doctors who continued with Lloyd's after the college dropped the plan are involved under their new contracts, however."

From what insurance men have told MEDICAL ECONOMICS, no other major specialty society has ever had British Commercial as even a partial carrier. But several smaller plans have—among them, that of the Kings County (N.Y.) Physicians Guild.

The company's failure didn't come without prior warning. Rumors that the firm was in trouble reached here as early as 1956,

painful
breast
engorgement
prevented

TACE

(chlorotrianisene)

Treatment of choice to suppress lactation.[1] Clinicians[2] have named TACE "... the most satisfactory drug for use at delivery in the suppression of lactation."

Re-engorgement almost never occurs. In over 3,000 patients studied,[1-3] only 3 cases of refilling were reported.

Withdrawal bleeding rare,[1-3] because TACE, stored in body fat, is released gradually, even after therapy is discontinued.

Available... 12 mg. and 25 mg. capsules

prevent
hemorrhage
due to
uterine atony
TACE
with Ergonovine

1. Bennett, E. T. and McCann, E. C.: J. Maine M. A. 45:225. 2. Eichner, E., *et al.*: Am. J. Obst. & Gynec. 6:511. 3. Nulsen, R. O., *et al.*: Am. J. Obst. & Gynec. 65:1048.

Merrell

THE WM. S. MERRELL COMPANY
New York • Cincinnati • St. Thomas, Ontario
TRADEMARKS: "TACE WITH ERGONOVINE," "TACE"

and then and there most U.S. brokers stopped letting any of their business go to the company. One top insurance executive believes no major American broker has accepted British Commercial coverage since sometime in 1957.

Even so, thousands of U.S. doctors who did have British Commercial coverage are still on the hook—and will be until their states' statutes of limitations run out on all treatment rendered while such coverage was in effect. Thus, they're personally liable (temporarily, at least) for British Commercial's percentage of any malpractice judgment against them.

Apparently, however, they need *not* pay the company's portion of the cost of defending against such suits. Its liquidators told one large brokerage firm that attorneys' fees, adjustment expenses, and expenses incidental to claims "will be honored in full on a monthly basis."

What this means, these brokers say, is this: "Attorneys handling cases involving British Commercial should give the company's liquidators monthly reports on the expenses they have incurred and on their fees for the month's work. Upon receipt and approval of such items, British Commercial's liquidators will pay the firm's percentage of them in full."

There's even some hope that doctors who must dig into their own pockets for British Commercial's portion of malpractice awards may eventually get something back. The firm didn't go into bankruptcy. The fact that it went into *liquidation* suggests that it will some day pay something back on the dollar.

How much? Right now, no one can make a guess. And liquidation proceedings are expected to take from five to six years.

Check Foreign Policies

Meanwhile, are the U.S. doctors who say "I told you so" about foreign coverage justified? Informed insurance people say this: If your coverage is *all* with Lloyd's, it's still sound. If part of it is (or ever was) with another foreign carrier, you'll do well to check on its soundness. END

PROVEN EFFECTIVE FOR THE TENSE AND NERVOUS PATIENT

"There is perhaps no other drug introduced in recent years which has had such a broad spectrum of clinical application as has meprobamate.* As a tranquilizer, without an autonomic component in its action, and with a minimum of side effects, meprobamate has met a clinical need in anxiety states and many organic diseases with a tension component."

Krantz, J. C., Jr.: The restless patient—A psychologic and pharmacologic viewpoint. Current M. Digest 25:68, Feb. 1958.

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the original meprobamate, discovered and introduced by

®WALLACE LABORATORIES, *New Brunswick, N. J.*

CM-241

Cremomycin provides rapid relief of virtually all diarrheas

NEOMYCIN — rapidly bactericidal against most intestinal pathogens, but relatively ineffective against certain diarrhea-causing organisms.

SULFASUXIDINE® (succinylsulfathiazole) — an ideal adjunct to neomycin because it is highly effective against Clostridia and certain other neomycin-resistant organisms.

KAOLIN AND PECTIN — coat and soothe the inflamed mucosa, adsorb toxins, help reduce intestinal hypermotility, help provide rapid symptomatic relief.

For additional information, write Professional Services, Merck Sharp & Dohme, West Point, Pa.

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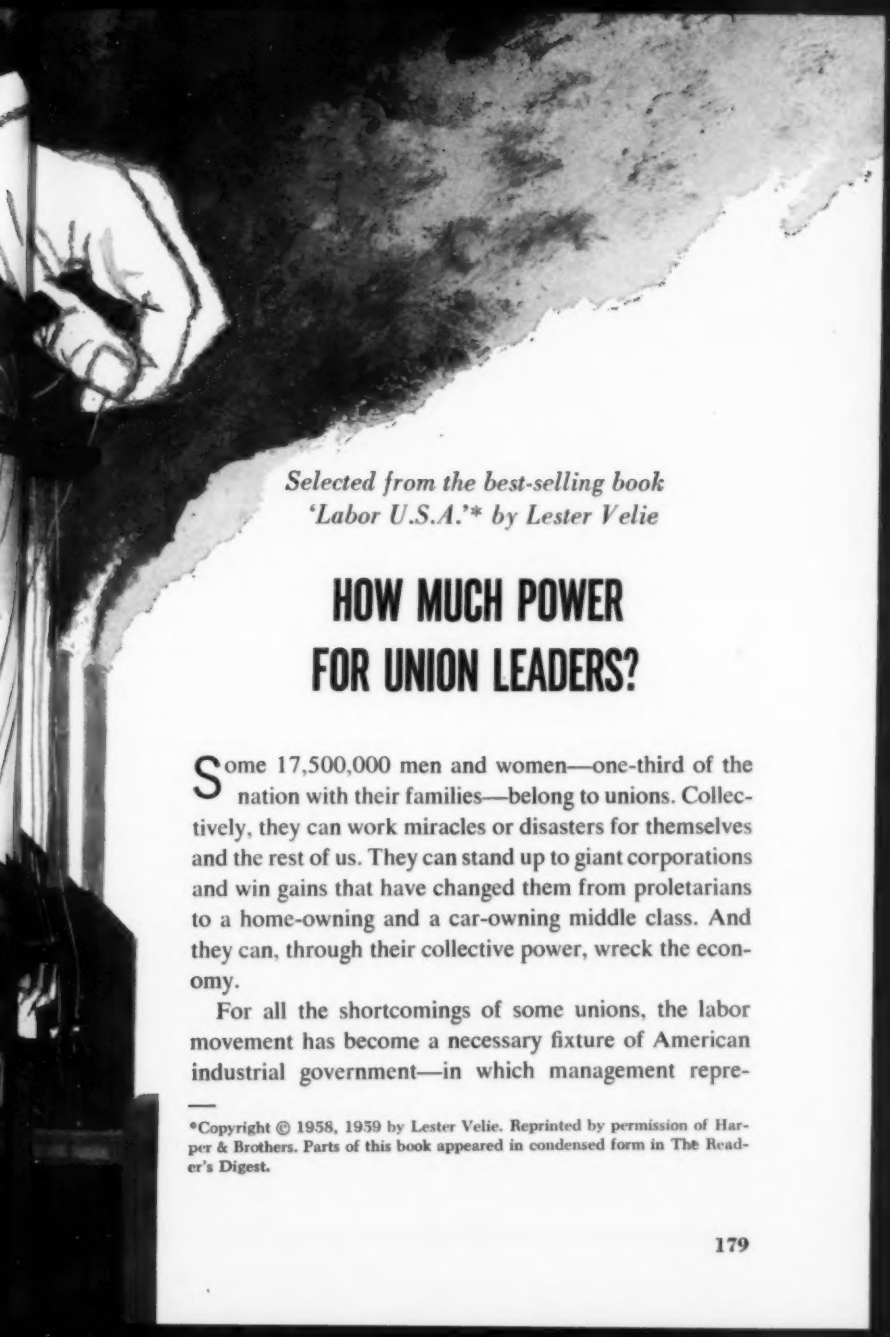
MEDICAL ECONOMICS *Book Feature*

Most of us share the problem of how simultaneously to (1) keep up with our practices and (2) keep informed about the issues, ideas, and people of the world around us. Too often, the second target is missed. We just don't find time to tune in to what's important around us. Home, office, and hospital tend to become our common horizon. ¶ For the average citizen to be intellectually boxed in is bad enough. For the physician it's intolerable. People look to the professional man for his opinions, just as they look to him for leadership. They expect him to be one of the community's better informed citizens. ¶ Keeping up with today's big *news* is relatively easy. Capturing the big *ideas* of our time is another story. Most of our real intellectual stimulation comes from perceptive people and books. We're not exposed to enough of either. What to do about it? ¶ In this department, MEDICAL ECONOMICS presents what it feels may well be a sound step in the right direction, namely: book condensations—but of a type never available before. Only books of a thought-provoking, nonmedical kind are condensed. But the condensing is directed by editorially experienced physicians. Readers thus get a medical man's view of the best in nonmedical contemporary thought. ¶ Among the hard-hitting best-sellers that informed people are reading and talking about this month is Lester Velie's "Labor U.S.A." Excerpts from the most significant portions of this book start on the next page. The editors take pleasure in bringing it to you as another of the new MEDICAL ECONOMICS Book Features.


XUM



Selected from the best-selling book 'Labor U.S.A.' by Lester Velie*

HOW MUCH POWER FOR UNION LEADERS?

Some 17,500,000 men and women—one-third of the nation with their families—belong to unions. Collectively, they can work miracles or disasters for themselves and the rest of us. They can stand up to giant corporations and win gains that have changed them from proletarians to a home-owning and a car-owning middle class. And they can, through their collective power, wreck the economy.

For all the shortcomings of some unions, the labor movement has become a necessary fixture of American industrial government—in which management repre-

sents the interests of stockholders, and unions represent the interests of wage-earners.

I began to write about the unions and their leaders through curiosity about some rascals who were using workers' medical and pension dollars to buy themselves yachts, trips abroad, and mistresses. I stayed on for five years—to find a cause and an education.

Members Are Victimized

The cause concerned the working people, inside the unions, who were being pushed around: Men like Teamster Ed McFarland, who hobbled back from the war on crutches and was told by his union boss that he'd have to hand over all of his discharge pay to make up for the back dues he didn't pay while he was fighting in the Pacific. And Willie Bennett, who exposed his local boss as a union thief, then was tried by the union thief and kicked out of the union and out of a job.

The education came in my search for answers that couldn't be found on library shelves but had to be dug out from people.

"What is a union leader?" Dave Dubinsky of the Garment Workers asked one day, just as Pontius Pilate might have asked, "What is truth?"

"I'm a union leader," Dubinsky reflected, "and Joe Fay [the convicted extortionist] was a union leader!"

All Leaders Not Bad

A labor leader, I went on to learn, could be a superbly cultured human being with a vision —a figure like Philip Randolph of the Sleeping Car Porters, who used his union to help his Negro people. Or he could be one who rose to power with gangster guns and conspired with employers to shortchange workers. A union leader could be a gallant woman like Min Matheson, who defied the Eastern underworld to organize dress-shop locals in Pennsylvania. And it could be a William Presser, the Teamster boss and jukebox czar of the state of Ohio.

And what is a union? To businessman-unionist Dave Beck, a union was a marketing coopera-

she calls it "nervous indigestion"

diagnosis: a wrought-up patient with a functional gastrointestinal disorder compounded by inadequate digestion. **treatment:** reassurance first, then medication to relieve the gastric symptoms, calm the emotions, and enhance the digestive process. **prescription:** new Donnazyme—providing the multiple actions of widely accepted Donnatal® and Entozyme®—two tablets t.i.d., or as necessary.

Each Donnazyme tablet contains

—In the gastric-soluble outer layer: Hyoscyamine sulfate, 0.0518 mg.; Atropine sulfate, 0.0097 mg.; Hyoscine hydrobromide, 0.0033 mg.; Phenobarbital (1/8 gr.), 8.1 mg.; and Pepsin, N. F., 150 mg. **In the enteric-coated core:** Pancreatin, N. F., 300 mg., and Bile salts, 150 mg.

antispasmodic • sedative • digestant

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tive to sell so many head of labor to employers at the highest market price. To other leaders, a union is a social force that wins higher Social Security payments for all Americans; an economic force that improves worker security in key industries.

As a Member Sees It

From the worm's eye view of a rank-and-file garment worker, a union means "bread and roses" —bread for steady work and a just wage; roses for union painting classes at night and a union country club to spend one's summer vacations in. To a New York factory worker-member of some racket locals, a union is a trap that locks him into substandard wages.

Education brought surprises. I started by asking, "Why are some unions corrupt?" Soon I was asking, "Who corrupts whom?"

Employers, I sometimes found, were not the victims of corruption, but the corrupters who made soft ("sweetheart") deals with faithless union leaders to shortchange employes. This corruption was even institutionalized in a network of middlemen who brought employers and union leaders together.

Learning, in this field, takes strong legs and the will to travel —sometimes to the darkest places on our continent, the underworlds of our big cities. Why do gangsters infiltrate some unions? For reasons that may surprise you. The gangster who controls a union needs no gunmen to "enforce" or protect a racket territory. The union does it for him.

The Secret Powers

Side by side with the great unions that perform legitimate services for their members, there exists today a nation-wide shadow federation of secret labor bosses. Always in the background, they wield power over unions in their own bailiwicks and exchange favors through a subterranean network of influence that spans the country.

Although seldom visible, these phantom wielders of power are real enough. They are the regional overlords of organized crime

More on 186

WHY KNOX SPECIAL DIET BROCHURES ARE BASED ON FOOD EXCHANGE LISTS

VEGETABLE LIST

Each of the following food choices contains little carbohydrate, protein or calories.

1200 CALORIE DIET · Choice of any number
1600 CALORIE DIET · Choice of any number
1800 CALORIE DIET · Choice of any number

In Raw Form, Size of Serving Unlimited; Cooked, Size Serving ½ to 1 cup.

Asparagus	Eggplant	Dandelion
Broccoli	Lettuce	Kale
Brussels sprouts	Mushrooms	Mustard
Cabbage	Okra	Spinach
Cauliflower	Pepper	Turnip greens
Celery	Radishes	Sauerkraut
Chicory	Greens:	String beans
Cucumber	Beet greens	Summer squash
Escarole	Chard	Tomatoes
	Collards	Watercress

OR You may choose from this vegetable list. Each of the following foods contains 7 grams carbohydrate, 2 grams protein, 35 calories.

1200 CALORIE DIET · Choice of any 2
1600 CALORIE DIET · Choice of any 4
1800 CALORIE DIET · Choice of any 4

One Serving Equals ½ cup

Beets	Peas, green	Squash, winter
Carrots	Pumpkin	Turnips
Onions	Rutabagas	

BREAD LIST

Each of the following food choices contains 15 grams carbohydrate, 2 grams protein, 70 calories.

1200 CALORIE DIET · Choice of any 3
1600 CALORIE DIET · Choice of any 4
1800 CALORIE DIET · Choice of any 3

	Amount to Use
Bread	1 slice
Biscuit, roll (2" diameter)	1
Muffin (2" diameter)	1
Cornbread (1½" cube)	1
Cereals, cooked	½ cup
Dry, flake and puff types	¾ cup
Rice, grits, cooked	½ cup
Spaghetti, noodles, cooked	½ cup
Macaroni, cooked	½ cup
Crackers, graham (2½" sq.)	2
Oysterettes (½ cup)	20
Saltines (2" sq.)	5
Soda (2½" sq.)	3
Round, thin	6
Flour	2½ tablespoons
Vegetables	
Beans and peas, dried, cooked (lima, navy, split peas, cowpea, etc.)	½ cup
Baked beans, no pork	¼ cup
Corn	⅓ cup
Popcorn	1 cup
Parsnips	⅔ cup
Potatoes, white	1 small
Potatoes, white, mashed	½ cup
Potatoes, sweet or yams	¼ cup
Sponge cake, plain (1½" cube)	1
Ice cream (omit two fat choices)	½ cup

MILK LIST

Each of the following food choices contains 1[illegible] grams carbohydrate, 8 grams protein, 10 grams f[illegible] and 170 calories.

1200 CALORIE DIET · Choice of any 2
1600 CALORIE DIET · Choice of any 2
1800 CALORIE DIET · Choice of any 2

	Amount to Use
Whole milk (plain or homogenized)	1 cup
*Skim milk	1 cup
Evaporated milk	½ cup
Powdered whole milk	¼ cup
*Non-fat dry milk solids	⅓ cup
Buttermilk (made from whole milk)	1 cup
*Buttermilk (made from skim milk)	1 cup

You can use the milk on your meal plan to drink in coffee, on cereal, or with other foods.

*Skim milk products contain less fat. When used instead of whole milk add 2 fat choices to get the same food value.

FAT LIST

Each of the following food choices contains 5 grams fat, 45 calories.

1200 CALORIE DIET · Choice of any 3
1600 CALORIE DIET · Choice of any 3
1800 CALORIE DIET · Choice of any 6

	Amount to Use
Butter or margarine (1 small pat)	1 teaspoon
Bacon, crisp	1 slice
Cream, light	2 tablespoons
Cream, heavy	1 tablespoon

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Professional Service Department, Johnstown, N.Y. ME-218

Please send me copies of the following Knox Special Diet Brochures:

- ☐ Special Reducing Diet.................................dozen
- ☐ New Variety in Meal Planning for the Diabetic..................dozen
- ☐ Individualized Low Salt Diets..................................dozen

your name and address

Cream cheese	1 tablespoon
Avocado (4" diameter)	½
French dressing	1 tablespoon
Mayonnaise	1 teaspoon
Oil or cooking fat	1 teaspoon
Nuts	6 small
Olives	5 small

FRUIT LIST

Each of the following food choices contains 10 grams carbohydrate and 40 calories.

1200 CALORIE DIET - Choice of any 3

1600 CALORIE DIET - Choice of any 5

1800 CALORIE DIET - Choice of any 5

	Amount to Use
Apple (2" diameter)	1 small
Applesauce	½ cup
Apricots, fresh	2 medium
Apricots, dried	4 halves
Banana	½ small
Blackberries	1 cup
Raspberries	1 cup
Strawberries	1 cup
Blueberries	⅔ cup
Cantaloupe (6" diameter)	½
Cherries	10 large
Dates	2
Figs, fresh	2 large
Figs, dried	1 small
Grapefruit	½ small
Grapefruit juice	½ cup
Ginger	12
Grape juice	¼ cup
Honeydew melon, medium	⅛
Mango	½ small
Orange	1 small
Orange juice	½ cup
Papaya	½ medium
Peach	1 medium
Pear	1 small
Pineapple	½ cup
Pineapple juice	½ cup
Plums	2 medium
Prunes, dried	2 medium
Raisins	2 tablespoons
Tangerine	1 large
Watermelon	1 cup

You may use your fruit fresh, dried, cooked, canned or frozen as long as no sugar has been added.

MEAT LIST

Each of the following food choices contains 7 grams protein, 5 grams fat, 75 calories.

1200 CALORIE DIET - Choice of any 4

1600 CALORIE DIET - Choice of any 6

1800 CALORIE DIET - Choice of any 6

	Amount to Use
Meat and Poultry (*medium fat*) 3-4 Oz. Average Serving (Beef, lamb, pork, liver, chicken, etc.)	1 ounce*
Cold cuts (4½" x ⅛") Salami, Minced Ham, Bologna, Liverwurst, Luncheon Loaf	1 slice
Frankfurter (8-9 per lb.)	1
Egg	1
Fish: haddock, flounder, bass, 3-4 Oz. Average Serving	1 ounce*
Serving Salmon, tuna, crab, lobster	¼ cup
Shrimp, clams, oysters, etc.	5 small
Sardines	3 medium
Cheese, Cheddar type	1 ounce
Cottage	¼ cup
Peanut butter	2 tablespoons

*Equals 1 Meat Choice. 7oz. serving uses 3 Meat List Choices.

"BETWEEN-MEAL" SNACK LIST

Each of the following "Between-Meal" snacks is made with Knox—the real unflavored gelatine. There are only 28 calories in each envelope of High-Protein Knox.

1200 CALORIE DIET
1600 CALORIE DIET
1800 CALORIE DIET
Take Knox Drink 3 times daily

Take the Knox High-Protein Drink ½ hour before meals as a cold drink (with Fruit Juices). Empty 1 envelope Knox Gelatine in ½ glass of orange juice, other fruit juices or water, not iced. Let liquid absorb the gelatine. Then stir briskly. Drink quickly. If it thickens, add more liquid, stir again.

OR

As a hot drink (with Bouillon). Sprinkle 1 envelope Knox Gelatine on ¼ cup cold water to soften. Add 1 bouillon cube and ¾ cup boiling water. Stir until gelatine and bouillon cube are thoroughly dissolved. ¾ cup of any very hot broth may be used in place of bouillon.

After you have reached your weight goal . . . take Knox "Booster" Drink (with milk) to maintain weight and to supply additional protein. 1 (8 oz.) glass contains 13 grams protein, 130 calories. In an 8 or 10 oz. dry glass, thoroughly mix 1 envelope Knox Gelatine with 3 to 6 tablespoons instant non-fat dry milk (varies with brand). Fill with cold water. Stir briskly until milk thoroughly dissolves. Drink quickly.

FOOD EXCHANGES

1. are authoritative[1]
2. eliminate calorie counting
3. provide a wide variety of food
4. assure a balanced intake of protein*, carbohydrate, and fat

1. The Food Exchanges Lists referred to are based on material in "Meal Planning with Exchange Lists" prepared by Committees of the American Diabetes Association, Inc. and The American Dietetic Association in cooperation with the Chronic Disease Program, Public Health Service, Department of Health, Education and Welfare.

******Knox Gelatine is an economical source of the α-amino acid lysine.*

—the survivors or heirs of the Prohibition era rackets who today are men of substantial business interests, lawful as well as unlawful.

How did big-shot gangsters get into unions?

Why do they stay in them?

How do they use unions in their rackets?

When these questions are clearly answered, it will be seen that the present weapons with which union corruption is being fought—and even those weapons contemplated in proposed laws —are as peashooters pelting peas off a concrete wall.

The gangster uses unions to police and protect deeply intrenched, lucrative monopoly rackets.

Business Into Racket

"Extortion? Shakedowns?" a veteran prosecutor exploded at me one day. "That's not what gangsters are chiefly in unions for. More and more, they are using them as a wedge to pry into legitimate business and turn them into rackets."

Of all the strange dramas that Robert Kennedy has pieced together as counsel for the McClellan Committee, the "Case of the Golden Garbage" was the strangest. And it spelled out today's pattern of underworld enterprise policed by union power.

Act I opened in Westchester County, a rich suburban community bordering on New York City. Here, as in other New York suburbs, there flourished a lowly but lucrative service industry: the private collection of waste and garbage from homes, restaurants, stores. Several hundred firms describing themselves as "carting companies" (and sometimes as "sanitation engineers") divided some $50,000,000 of business yearly.

There's gold in those hills of garbage, and the smell of it attracted to genteel Westchester some cold-eyed gents with prison pallor and Lower East Side New York accents. These bought their way into a garbage-carting firm, and this soon brought to garbage collecting an excitement that store owners never expected of it.

First, there came to one store

COUGH **promptly curbed** by homarylamine—non-narcotic antitussive with the approximate potency of codeine.

INFECTION **combated** by three nonsystemic antibiotics — each active against common mouth and throat pathogens, all with relatively low sensitization potentials.

IRRITATION **soothed** by benzocaine—a topical anesthetic that promotes prolonged relief of inflamed or irritated tissues.

PENTAZETS® troches

Homarylamine · Bacitracin · Tyrothricin · Neomycin · Benzocaine

NEW PINEAPPLE FLAVOR Overwhelmingly selected by a taste panel.

Available to your patients on your prescription only.

DOSAGE: Three to five troches daily for three to five days.

SUPPLIED: Vials of 12.

MSD **MERCK SHARP & DOHME** DIVISION OF MERCK & CO., INC., PHILADELPHIA 1, PA.

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manager the private garbage collector who carted his refuse.

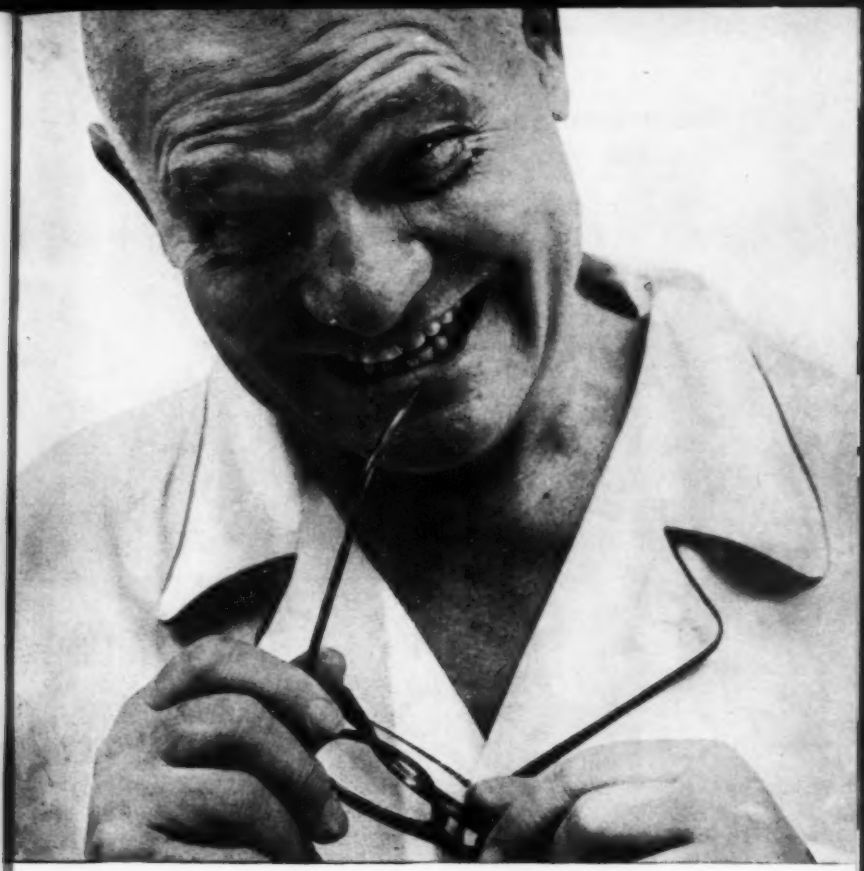
"I want to get out in one piece," he said, giving up the business. "I don't want my trucks burned to the ground."

Next, as was testified, little men in suede shoes and pulled-down hat brims showed up in behalf of the garbage firm.

"You been paying $15 a week for service; now you pay $28," they said.

When the leading stores went out and found themselves a new garbage collector, another new face appeared on the scene. It belonged to a businesslike fellow who walked jerkily because of an artificial leg. This was Bernard Adelstein, one of the bosses of a Teamster local in East Side Manhattan.

Adelstein gave the word that the merchants could not use the garbage man they preferred (whose prices, incidentally, were lower); they must use a firm the union dictated. When Safeway Stores resisted, Adelstein quickly taught the chain store company the power of the Teamsters. They coerced the store in Westchester County by refusing



Patients are happier when doctors choose Fleet® Enema

They are free of the visceral discomfort and prolonged embarrassment so often caused by older enema methods. The ready-to-use Fleet Enema squeeze bottle also does away with troublesome preparation and cleanup procedures. Insertion is made easy and safe with the prelubricated, anatomically correct 2-inch rectal tube. Most important—Fleet Enema provides a quick yet thorough cleansing action with only 4½ fl.oz. of precisely formulated, standardized solution.[1]

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1. Rosenfield, H. H., et al:: Obst. & Gynec. 11:222, 1958.
2. Hellman, L. D.: To be published.

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to pick up the refuse at Safeway Stores in the Bronx and Manhattan. Attacked on the flank, the Westchester Safeway Store yielded. Its refuse was soon being collected again by a mob-owned carting company.

And death by murder wrote a footnote. When an honest union man who headed the Teamster local in Westchester County disputed the invasion of the underworld union from Manhattan, he was told: "Don't think you are too tough and that we can't take care of you. Tougher guys than you have been taken care of."

Three weeks later, the honest union man was shot twice through the head and killed.

In Act II, the scene shifts to another rich New York suburban area, Nassau County. Here, in one of the fastest growing communities in America, big and little owners of trucks were

A Long

"For a third time in twenty-five years," says Lester Velie, "the American people are taking a long hard look at the labor unions. The first look, in 1933, brought government support to unions via the Wagner Act. When this rocketed the unions to giant size, a second look—a scared one—brought the Taft-Hartley Act to redress the power balance between unions and employers."

On those previous occasions, Velie points out, "we were worried about union rights and employer rights. Now we're worried about the rights of union members. All eyes are focused on the labor leader."

Sharpening this focus is Velie's book "Labor U.S.A.," the most significant excerpts from which appear here. It represents

peaceably collecting refuse, bidding against each other for business, and meeting occasionally in a county trade association.

Into this business paradise there entered a serpent. This was Vincent Squillante, a saturnine man of few words who described himself as "labor relations adviser."

"Hire me," he tempted the garbage men, "and your union troubles will be over." As a clincher, he picked up the phone and talked intimately with Bernie Adelstein, whose Manhattan Teamster local also operated in Nassau.

Squillante has been accused by the Narcotics Bureau of being a major source of supply for narcotics. Now he went to work for the refuse carting companies on union matters. Soon he catapulted himself to executive director and boss of the cartmen's trade

Hard Look

five years' research into such subjects as "Why they behave like union leaders" and "How can we turn labor leaders into quasi-public servants?" Reviewers have hailed the book as a fascinating introduction to the men who make today's labor headlines —the good as well as the bad; George Meany and Walter Reuther as well as Jim Hoffa and others. And in telling the stories of the union pioneers who preceded them, the book clarifies the events that brought the unions to their present power.

"Labor U.S.A." consists of twenty chapters in all. The excerpts here are drawn from three chapters only—those dealing with the problems of union democracy and underworld penetration of the unions. These excerpts must not be taken as an indictment of the union movement as a whole, but as a frank statement of problems that the union movement itself is seeking to solve. The author is a Roving Editor for The Reader's Digest, in which much of this material first appeared.

association. He then introduced some novel business ideas.

First he taught the garbage firms—let's call them cartmen—the fundamentals of "property rights." Once a cartman had a customer, he always had that customer, and no one could bid against him or try to take him away. If that customer moved, the cartman who had served "the stop" would serve whoever moved in.

Next Squillante taught the cartmen how to bid on business. Designate one cartman to make the winning bid; then others don't bid. That way, there'd be no nonsense about competitive prices.

Rascal Into Businessman

Naturally, there soon sprouted in Nassau County new carting companies owned by some of the most lurid rascals known to the New York police. These were the companies that enjoyed favored treatment from the association, according to the McClellan Committee; these were the ones chosen to bid on plush business.

When some legitimate cartmen refused to go along with the monopoly association and competed defiantly for business, Squillante, ever resourceful, formed "whip" companies. Troublemakers who stepped out of line were beaten right back again by the "whip" companies that raided their customers, underselling them when necessary.

No Room for Argument

It was easy to crack the whip, too, because Squillante worked as a team with union man Adelstein, and so could deprive the rebel of truck drivers. Whip companies were permitted by union boss Adelstein to operate nonunion. Adelstein even loaned the nonunion carters union pickets to coerce stores into taking his service.

To control the carting firms even more tightly, Squillante—with an assist from union man Adelstein—forced the businessmen to take out cards in Adelstein's union, thus creating the phenomenon of a Teamster local that derived one-third of its revenues from dues-paying and

More on 196

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*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.

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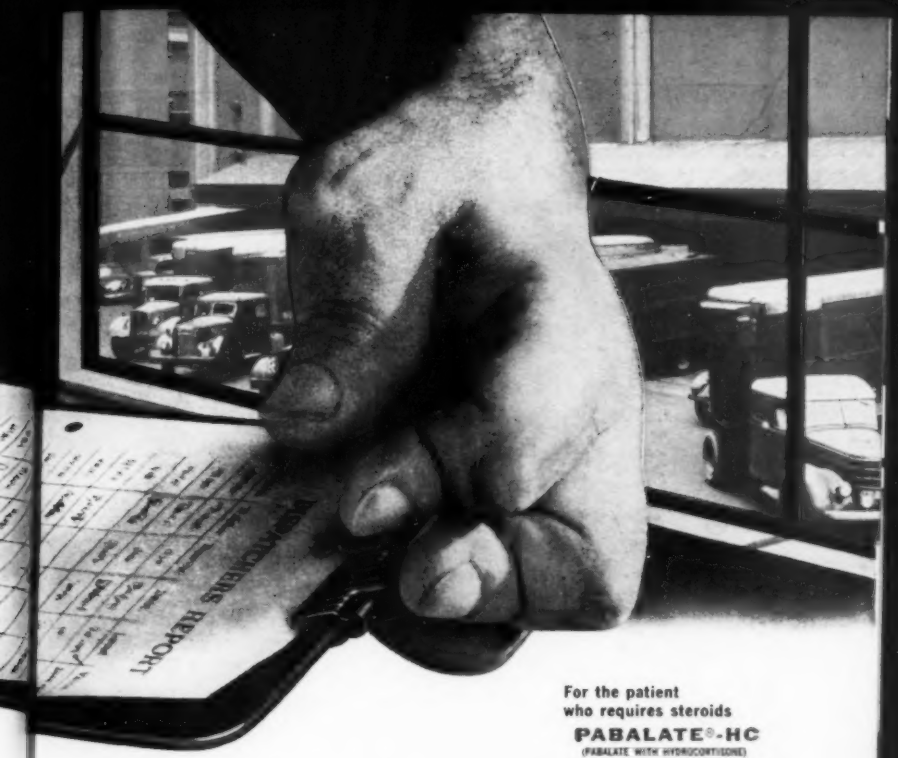

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card-holding employers. The employers might pull out of the association and make a fight for their business lives. But if they pulled out of the union (or were booted out), they were branded "unfair to organized labor" and deprived of drivers.

Underworld access to union power in turn spawns virtually every other labor racket: boodling of welfare funds, making lucrative deals with employers to lock wage-earners into substandard wage contracts, etc.

Not long ago, the broker who handled the welfare fund insurance for the Distillery Workers Union looked up from his desk and into the mugs of two big-name gangsters.

"We control the Distillery Workers' insurance," they said. "Cut us in."

And, as New York County District Attorney Frank Hogan found, they did indeed control it. As he also discovered, they were part of a New York-Chicago underworld axis that had got its hooks into the Distillery Workers Union.

One of the gangsters was Little Augie Pisano, a big shot in the

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References:
(1) Barnes, R. H.: J.A.M.A. *166*:898, 1958. (2) Ressler, C.: J.A.M.A. *165*:135, 1957. (3) Birnberg, C. H., and Abitbol, M. M.: Obst. & Gynec. *11*:463, 1958. (4) Robillard, R.: Canad. M.A.J. *76*:938, 1957.

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Eastern gangs. The other was George Scalise, the Chicago Capone mob's labor front. They not only controlled the Distillery Workers but had connections in other unions. Thus they could channel so much business to their captive-insurance broker that he set up offices in Newark, Chicago, and Los Angeles to handle it.

And the racketeer with union power can also sell a service to employers. In Chicago, where the Capone gang has influence in a score of unions, the gang helps fight legitimate unionism in the city's restaurants.

Enter any of Chicago's seven thousand restaurants, and you are likely to find that your waiter does *not* belong to a union and probably works for subunion pay. Yet there is a union in the field: the Hotel and Restaurant Employees and Bartenders International Union (A.F.L.-C.I.O.). And, as the newspapers have often reported, and as McClellan Committee testimony corroborated, some locals of the union are controlled by gangsters.

Testimony before the McClellan Committee painted this pattern: On one side of the deal were the owners of 20 to 25 per cent of Chicago's restaurants—they belonged to the Chicago Restaurant Association. On the other side were locals of the Restaurant Workers Union, harboring Capone gangsters.

Restaurant Union Tactics

The union's "organizers" rarely talked directly to the restaurant workers. Instead, they went directly to the boss. "Put three of your workers into the union," the organizer would tell an employer of, say, twenty workers. The owner would give the union man the names of three employes, who might not even know they'd become union members. For the employer paid the union initiation fees and dues. He kept on paying them for years, even after the workers had left or had died. The union made no further demands on the boss, nor did it discuss pay or welfare benefits. The employer paid off with dues for several employes.

Hoodlums whose own con-

More on 202

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1. Brusch, C.A., et al.: Maryland M.J. 5:36, 1956.

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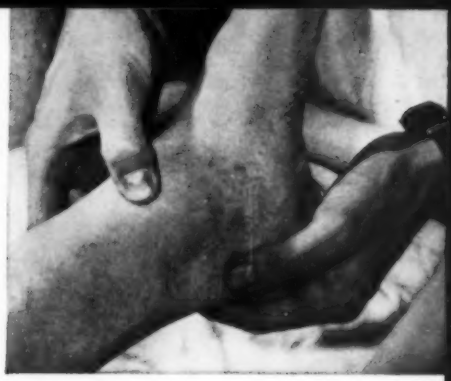
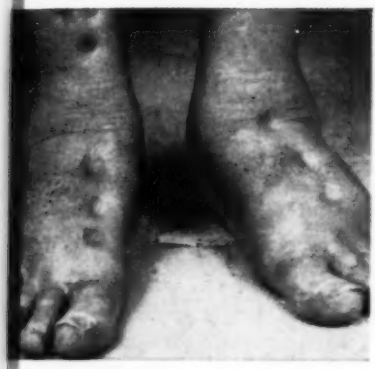
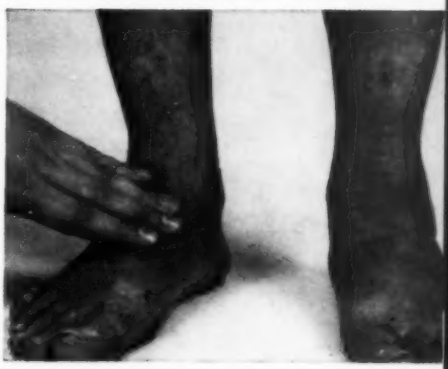
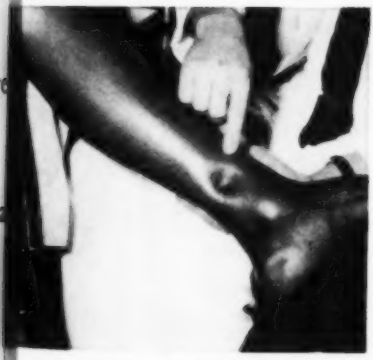


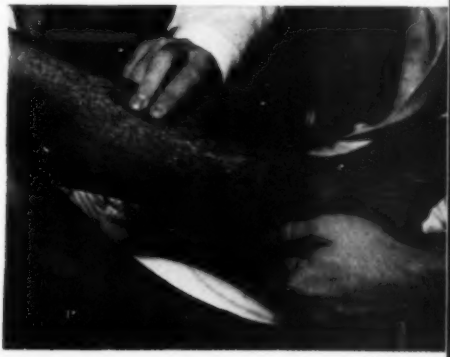
5 pounds lost in 4 days; 4+ pitting cleared;
hepatic congestion and râles cleared; patient ambulatory





27 pounds lost in 19 days; abdominal swelling and pedal edema cleared





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10 pounds lost; pitting edema cleared in 5 days; copious
urine output; yet serum electrolytes remained within normal range

nections in Labor don't reach far enough have access to a central underworld clearinghouse of influence: a figure who is a labor power openly and is the underworld's ambassador or back door to the unions as well.

Two union powerhouses have served in this ambassador's role in recent years: one was Joe Fay of the Operating Engineers. Today it's Jim Hoffa of the Teamsters.

'Mr. Labor'

Fay, a stocky, hammer-fisted man, was only a fourth vice president of the Operating Engineers Union. But he actually bossed that union and so dominated the building trades that he was known in the East as "Mr. Labor."

So powerful was Fay that, even after he went to jail for extortion in 1948, he continued to run his labor empire from a Sing Sing cell, sending out orders via a lieutenant who visited him regularly. So many big wheels in Labor and politics beat a path to Fay's cell door that it became a public scandal, and Fay was removed to a remote prison upstate.

Fay's successor as "the man to see" when gangsters wanted union favors was Jim Hoffa, then an obscure ninth vice president of the Teamsters.

Hoffa at Work

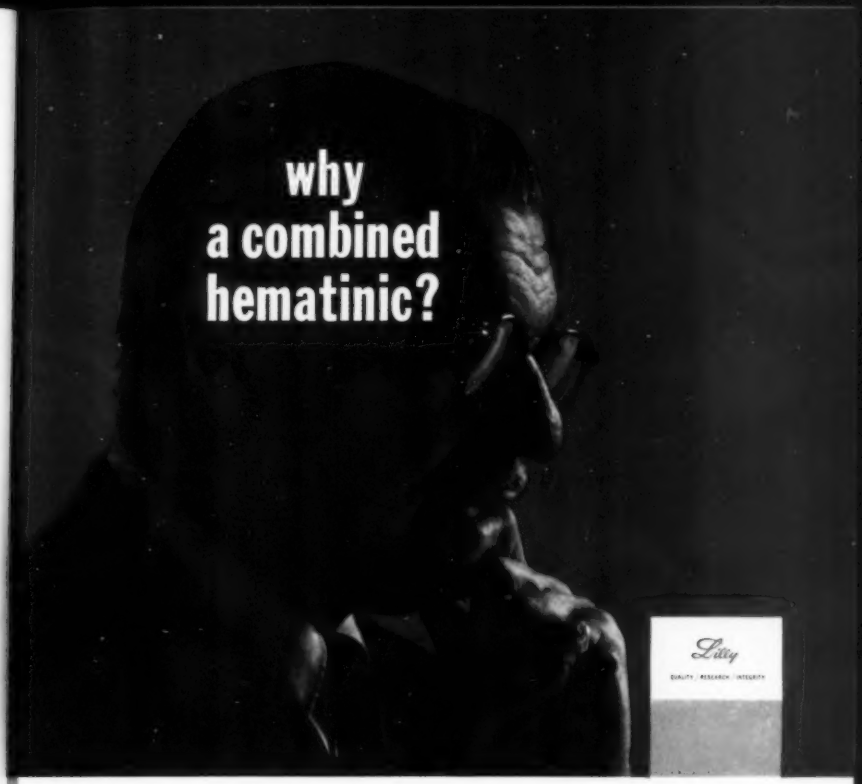
Hoffa has played the role of secret back door into legitimate labor. This is how the back door opens:

When New York extortionist Johnny Dio (later indicted in connection with the blinding of columnist Victor Riesel) and other racketeers wanted Teamster charters with which to set up locals in New York, Hoffa helped get the charters for him.

When Samuel (Shorty) Feldman, one of Philadelphia's most notorious criminals, wanted to go into the restaurant union business (with the same object as Dio: piracy), Hoffa undertook to help him too.

How was Teamster Hoffa able to help racketeer Feldman get a charter in another union not his own—the Restaurant Workers?

More on 206



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1. A. M. A. Arch. Int. Med., 99:346, 1957.
2. Am. J. Obst. & Gynec., 70:1309, 1955.
3. Lancet, 1:448, 1957.

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Description: Each 5-cc. teaspoonful provides 125 mg. (base equivalent). In 60-cc. bottles.

Dosage:

12 pounds	1/2 teaspoonful	every six hours
25-50 pounds	1 teaspoonful	
Over 50 pounds	2 teaspoonfuls	

ILOSONE®
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Dosage:

12 pounds	1/2 teaspoonful	every six hours
25-50 pounds	1 teaspoonful	
Over 50 pounds	2 teaspoonfuls	

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This brings us to the most important facet of Hoffa's own power and the influence he's able to place at the service of the underworld. Hoffa's power reaches beyond his union, because of the help the Teamsters can give in organizing and in strikes. Some unions depend on the Teamsters for their very existence.

How He Operates

When the Distillery Workers demanded that the big Eastern distillers recognize their union, and the distillers balked, "the Boys" knew just what to do to bring them into line. They telephoned Hoffa in Detroit. He was soon on the phone to New York.

"Sign your salesman into the union," said Hoffa. Distillery executives, fearing their liquor wouldn't move, signed.

This control of the wheels makes Hoffa the Indispensable Man to the secret labor bosses from the underworld, and to the unions they control. And so around Hoffa and the Teamsters there rotates an assortment of satellite unions in whose ranks may be found the rascals that have given Congressional investigators their most lurid hearings.

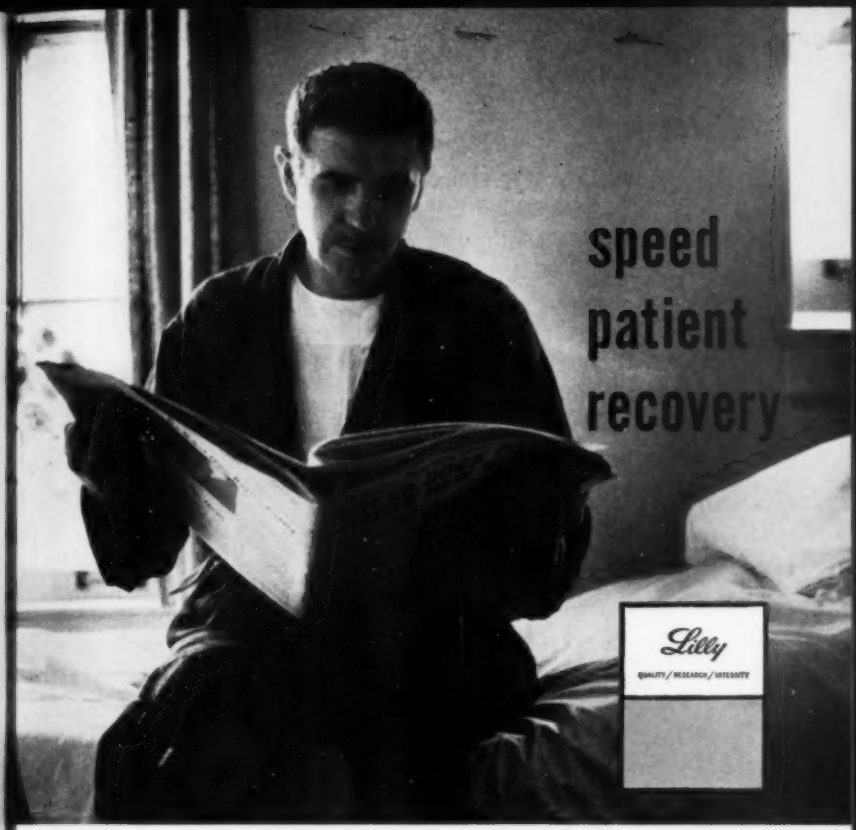
If we've learned anything from our journey to the underworld, it's this: The gangster is a deeply rooted fixture of American big-city life. The unions can fight him by refusing to let criminals or known hoodlums hold union office. But more is needed: a war on the gangsters' business rackets. This is essentially a police matter.

Prosecuting the gangster is a backbreaking task. Victims and collaborators won't talk. They'd rather be live collaborators or victims than dead witnesses.

Follow-Through Fails

Although the McClellan Committee has uncovered scores of instances of thievery and other lawbreaking, local prosecutors have followed through in only a fraction of the cases. This is disinterest bordering on abdication of duty. Or it could be that the gangster has such political influence in his community that he is too hot to handle.

Is the gangster a member of a privileged class? And are his or-



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1. Spies, T. D.: Some Recent Advances in Nutrition, J.A.M.A., *167*:675, 1958.

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ganized rackets the protected evils of a privileged class? If they are, it's obvious that the war on the hoodlums is one that can't be waged by unions alone.

But why can't unions police themselves?

To begin with, we must realize that a union is just about the least protected piece of valuable property lying around.

Captive Members

While a union is really a private government, to be run by and for its tax (dues) payers, any resemblance between union government and public government is purely impossible. The union is protected by few of the safeguards that check and balance our public government. There's generally no two-party system, no free press, no independent judiciary, no bill of rights. The union boss must face the voters at periodic elections, of course, and there's the scrutiny of the regular meeting. But once in, the "ins" have the tools to cope with both.

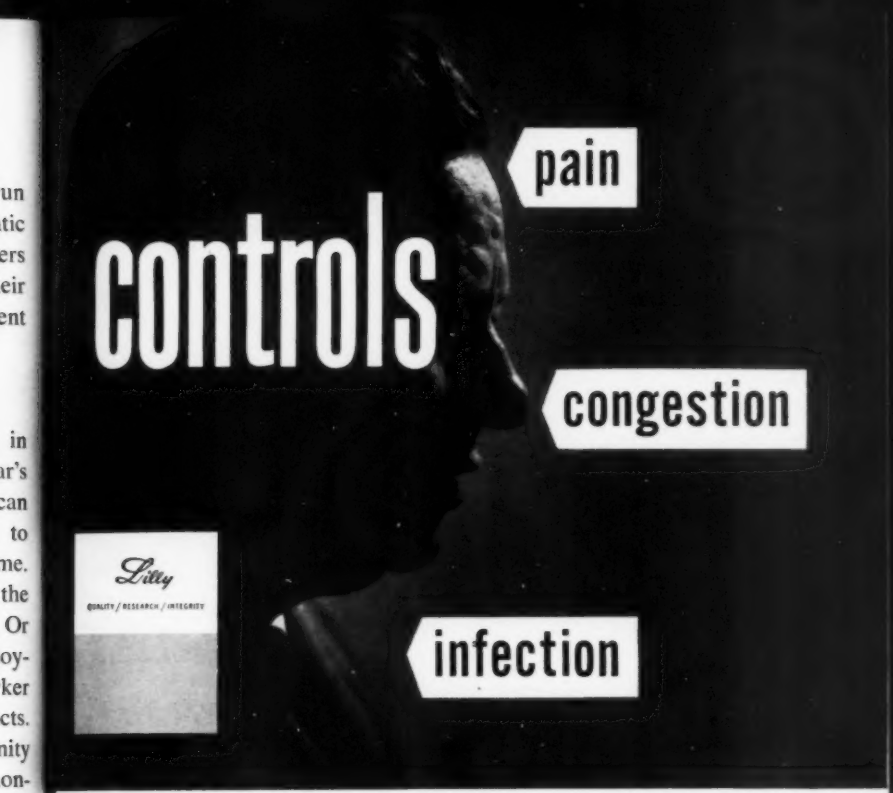
What follows should not be taken as an indictment of unions generally. Most are honestly run despite inadequate democratic safeguards. But where members are deprived of a voice over their affairs, there's an ever-present danger of corruption.

Union a Tool

Who steals a union may, in turn, transform it into a burglar's tool for big-time looting. He can make deals with employers to cheat the union man of overtime. Or he can turn his back as the employer pays below scale. Or he can conspire with the employer to shortchange the worker through "sweetheart" contracts. Or hold up a whole community by policing a milk delivery monopoly, or laundry service, or jukebox racket, for a closed ring of businessmen.

A potent implement, the union. Yet there are as many ways to walk off with a union as there are imaginative and brassy men to dream them up.

Here is how to do it. Let's start with the voting. To get elected, the rank and filer must first be nominated. In the Teamsters, the member confronts a



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method we'll call the "bum's rush."

You're a rank and filer; your friends put you up for secretary-treasurer, and you campaign for votes. But the day before the election, you get a letter from a regional vice president. You're disqualified, it says here in the letter, because your dues haven't been paid on time.

How They Keep Control

"How can this be?" you protest. Your employer checked off your dues during the middle of the month and had two full weeks to send them to the union hall. Sure he did. But he doesn't send the dues in until the first of the month, because the Teamster local doesn't provide him with a list of members until then.

So rank and filers' dues in many Teamster locals *never* get to the union hall by the first of the month. Only the dues of those already in office, paid by the union, arrive on time. And if the office seeker tries to beat this rap by taking his dues personally to the union hall, they won't be accepted.

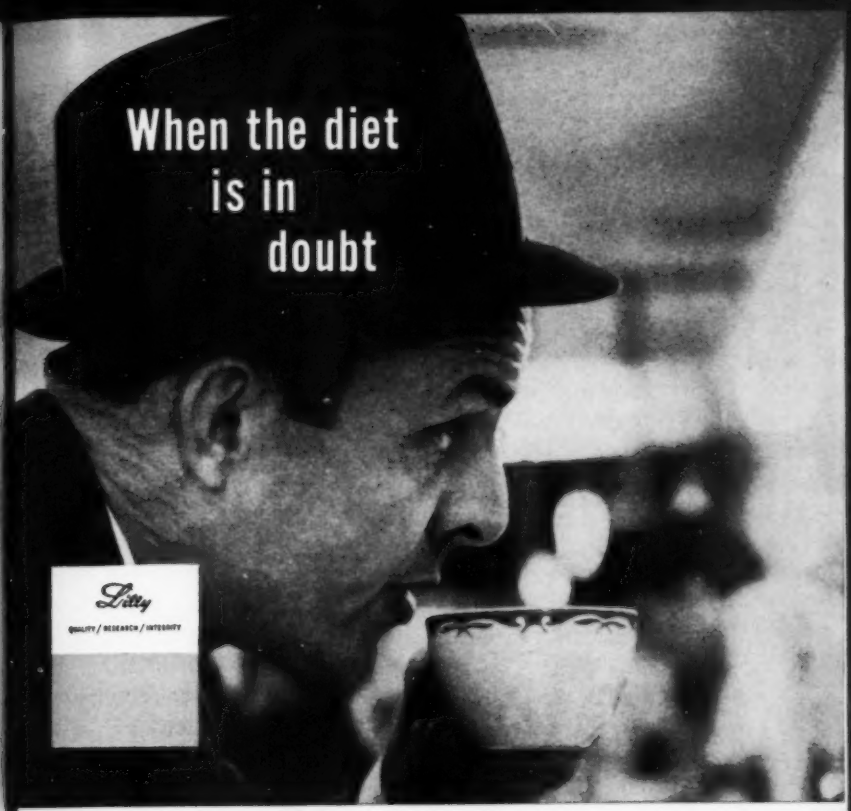
So the only members who are qualified to run for office are those already in office. Or those whom the Teamster powers permit to pay their dues on time.

Then there's the "obstacle course" method used by the United Steelworkers.

To be nominated for president of the Steelworkers, a dues payer must first win nominating elections in at least forty locals. This means that he must mount forty separate local campaigns and push them in the face of opposition by local officers, usually allied with the top boss of the International Union, the incumbent president.

An Exclusive 'Democracy'

Some union bosses use the "hire a hall" method. When, as it must to every union boss, nomination time comes around, the leader hires a hall above a saloon. If there are several thousand members in the local, the leader has prudently taken a hall that can hold only a small fraction. Just as prudently, he sets the meeting time at 6 P.M., when most of the members are on their



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1. Goodhart, R. S.: Vitamin Therapy Today, M. Clin. North America, *40*:1473, 1956.

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way home from work or having dinner.

Long before the meeting time, the boss's business agents and other pals jam the hall. When rank-and-file members show up, they can't get in. But the boss has thought of that too. He has strung loudspeakers outside, so that the men milling in the street —there may be as many as a thousand—can hear that everything's democratic, fair and square, on the inside. So the men on the outside hear the men on the inside nominate the incumbents "by acclamation," then shut off further nominations.

Agree or Leave

There are more direct methods. Your business agents and other porkchoppers (payrollers) can howl down the opposition at election meeting time, or beat up "them troublemakers." You can lift the bums' cards and so boot them out of the union and out of a livelihood.

But there's an even simpler way: Don't hold elections.

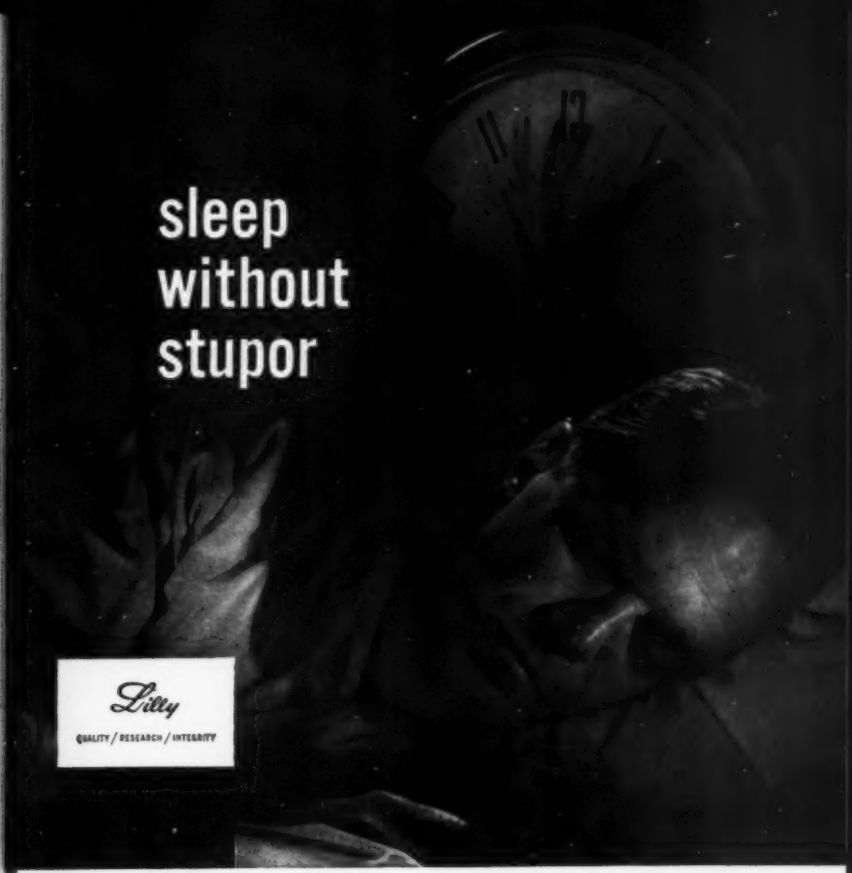
When election meeting time came around at Joplin, Mo., rank-and-file Teamster members would find the union hall in darkness and the door bolted. The "ins" simply didn't show up, and there was no election. Some New Jersey Teamster locals haven't had elections for years.

No Bill of Rights

As an American citizen, the wage-earner is protected against tyranny by the Federal Constitution with its Bill of Rights. This guarantees his rights to free speech, to assembly, and so on. But as a union member, he can become a second-class citizen, because no union constitution has even a rudimentary bill of rights.

In fact, the union constitution can be studded with all sorts of booby traps to trip up the dissident rank and filers. So, as a union boss, you can purge rebels for "conduct unbecoming a member," or for "creating dissension among the members," or for "destroying the interest and harmony of the local union." These can mean anything you, as boss, want it to mean.

Instead of curbing the office-



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holder by spelling out his duties, the union constitution is sometimes a blueprint for tyranny, giving the powers of a czar to the leader.

A One-Man Government

The proudly unlettered James Caesar Petrillo, when president of the Musicians Union, was permitted to "... annul and set aside the whole constitution ... or any of its provisions (except financial), and to submit therefore other and different provisions of his own making." This clause remained as long as Petrillo reigned—until the spring of 1958, when he quit in the face of a revolt by West Coast members.

Most International Union constitutions permit the president to take over a local during an emergency. The Operating Engineers, for instance, allow their head man to "suspend or remove members, officers, and charters whenever in his opinion the best interests of the organization require it."

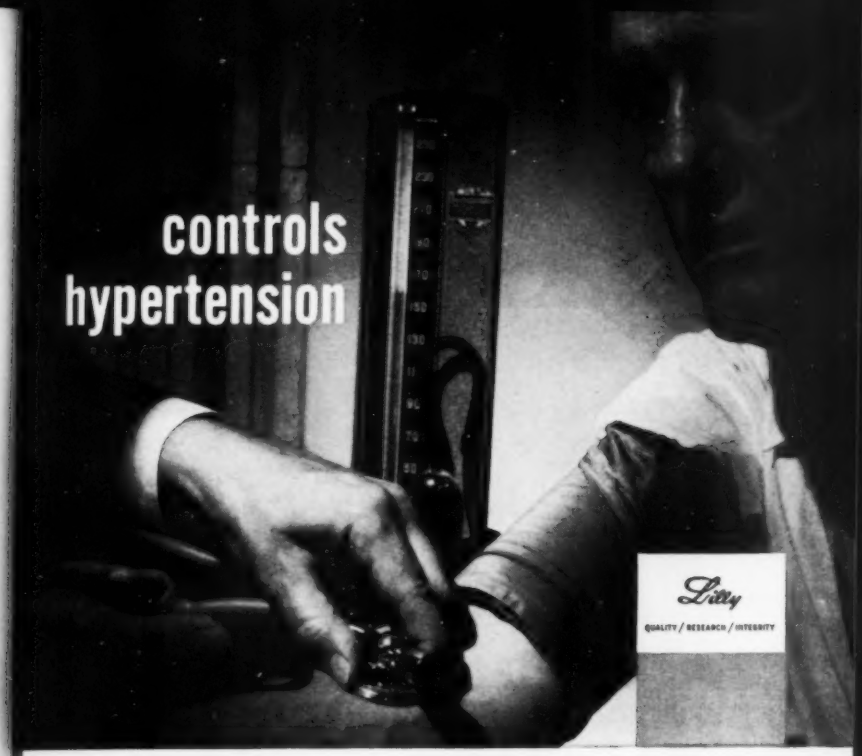
With authority like this, it's a cinch to take the union away from the members altogether. You put the local under trusteeship. Then you name yourself—or a pal—to run the local as trustee-dictator without the benefit of elections or meetings.

A little while back, people asked: "How could Jimmy Hoffa be elected Teamster president after all the scandals?" Union martial law under a trustee gives part of the answer. By 1957, Dave Beck and Hoffa had taken 108 locals (of 890-odd in the International) out of the hands of their members. From captive locals came delegates who helped elect Hoffa.

If you steal, you must face the occupational hazard of getting caught. Retribution is catching up with the union stealers, and the punishment falls heavily on honest men in the Labor movement and culprits alike.

They're Rebelling

First, there is the loss of public sympathy which, in the Nineteen Thirties, backed the laws that made today's unions possible. Worse, there is the loss of the union man's loyalty. The union man who can't speak up with



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1. Geriatrics, *12*:185, 1957.
2. J. Indiana M.A., *48*:603, 1955.

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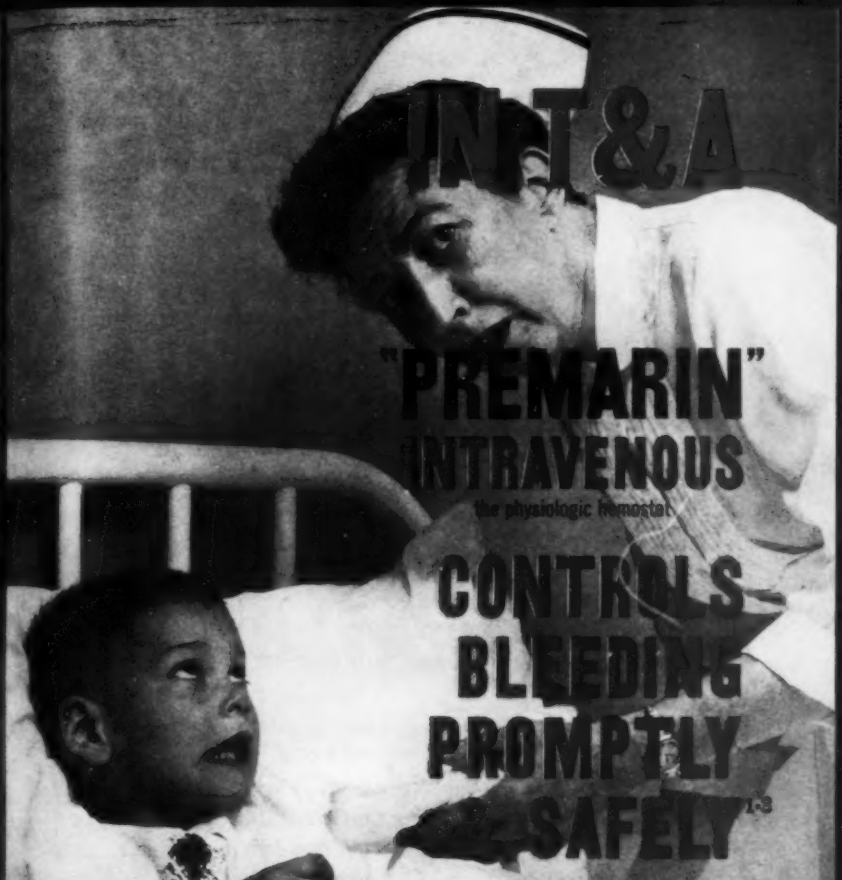
his mouth at a meeting will speak up with his feet. He'll stay away.

The unions are losing the fighting allegiance of the workers that was once their chief shield against hostile employers. In the 1958 N.L.R.B. elections for union recognition, 40 per cent of the employes voted for *no* union, preferring to remain unorganized. This is the highest *no* union percentage since 1939.

Union organizing has virtually dried up in some parts of the country. And a union movement that can't get new members is a sterile and declining movement.

How to get the unions back to their members?

There ought to be a law imposing regular, secret elections on the unions, say well-meaning lawmakers. Will these laws also provide sleuths to check up whether a labor boss had disqualified opponents before an election, through tricks with dues payments, as in the Teamsters? Or whether the union leader has disenfranchised most of the members—as in the Operating Engineers? Unless union elections are policed, they could be meaningless. And how do you police



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1. Johnson, J. F.: Paper presented at Symposium on Blood, Wayne State University, Detroit, Michigan, Jan. 18, 1957, cited in M. Science 1:33 (Mar. 25) 1957; Proc. Soc. Exper. Biol. & Med. 94:92 (Jan.) 1957. 2. Servoss, H. M., and Shapiro, F.: Digest Ophth. & Otolaryng. 20:10 (Nov.) 1957. 3. Published and unpublished case reports, Ayerst Laboratories.

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the voting of 17,500,000 union members without creating a vast new army of bureaucrats?

To get the unions back to their members, the unions need some checks and balances.

Union Courts a Must

The chief balance wheel that's missing from union government is a court, a place outside the dues payer's own union where he can get a fair hearing if his union boss pushes him around—or where he can bring a union leader to book for stealing an election or signing a "sweetheart" contract.

The regular courts have been inadequate. For one thing, judges are reluctant to meddle in internal union affairs in line with the tradition that unions are, after all, voluntary associations, like Elks lodges. For another, a union member who brings suit against a union leader must be prepared to fight for years against the best lawyers his own union's treasury can buy.

Two unions, the United Automobile Workers and the Upholsterers, have made a start toward an independent court, with boards of review composed of prominent men who give their time free. Although the United Auto Workers reputedly run one of the best unions as far as members' rights are concerned, the U.A.W. Review Board has been called on for help in two dozen cases. In one, the watchdogs got right down to an ancient union abuse: the abrogation of a dues payer's personal rights, guaranteed to him as a citizen.

A Classic Case

Two U.A.W. members from a Buffalo local, quarreling during an election campaign, had sued each other for damages in a civil court. They had been suspended for committing the cardinal union sin of going outside to settle a beef instead of using union channels first. The Review Board ordered the members reinstated, telling the U.A.W. in effect that a man doesn't sign away his personal rights (such as going to court) when he signs a union card.

None of the other national un-

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ions have shown much enthusiasm for the voluntary court idea. And it's obvious that those unions that most need appeals watchdogs are least likely to have them. (The exception, of course, is the Teamsters, now subject to the policing of three outside monitors—accepted reluctantly by Jim Hoffa as a condition of his becoming provisional president.)

So demands are growing that the A.F.L.-C.I.O. set up an independent union court within the Federation, or that such a court be created by law outside the A.F.L.-C.I.O.

Bernard H. Fitzpatrick, a New York lawyer who devotes time free to battle for Operating Engineers members' rights, urges a "Judicial Commission," appointed by the A.F.L.-C.I.O. He argues:

Judges Judge Themselves

"The greatest trouble with unions is not the unfairness of union laws, but the fact that the laws are interpreted by the same people whose own acts are being questioned. The judges are judging their own conduct; naturally they find it good."

One trouble with setting up a court inside the A.F.L.-C.I.O. is that it would be available only to members of A.F.L.-C.I.O. affiliates. What about the union members who need it most—those whose unions have been ruled as corrupt by the Federation?

'Law Should Step In'

Significantly, many friends of the unions who once abhorred the idea of government intervention in union affairs now urge it.

J. B. S. Hardman, author and lifelong student of Labor, urges a Court of Intra-Union Relations, set up by law "to provide legal redress of grievances" and further self-rule. Such a court, Mr. Hardman argues, "would in effect be a Public Defender office for the protection of union members."

The job of any democracy is to keep the channels of citizen protest open, so that the governed can influence and restrain those who govern them. The spe-

cial job of union democracy is to keep the leader powerful enough so that he can deal effectively with the employer, yet not so powerful that he is free from control from those below. A court where a member can yell, "Stop, thief!" and apply some of the checks and balances available to him as a citizen would help.

But before we enact any legislation, we must peer a little closer at the labor leader. He has been catapulted to great power almost overnight. Yet, in a democracy which operates on checks and balances, here is a man whose power seems neither checked nor balanced.

What Should He Be?

The country is facing up to some hard questions about this man. How do we keep him powerful enough to bargain with the boss for his people—yet not so powerful as to make a good thing of the union for himself?

Unions exist to give the worker a voice over his working conditions. How do we keep the labor leader from robbing the worker of his voice? How do we save a wage-earner from an employer-dictator only to have him fall into the hands of a union dictator?

A debate has raged on how to solve these problems by law.

Let's ask some basic questions. From the answers will come the image of a new labor leader.

To begin at the beginning: What is a labor leader?

He is a merchant of labor power—the head of a cooperative society banded together to market a common product, its labor.

He's also a general. If automobile manufacturers refuse to pay merchant Walter Reuther's price, he'll become the general of a disciplined army of union members ready to march out of the plants and lay siege to an entire industry.

This general is elected by his troops. So the labor leader is also a politician, so skilled at building a union machine to keep him in office that he can give pointers to Tammany Hall.

Some labor leaders are bank

presidents. Jacob Potofsky of the Amalgamated Clothing Workers presides over the "Amalgamated Bank," which lends money to members and to outside unions.

But fundamentally, in all his jobs, the labor leader is the assembler and user of power. The power to hold his members in line; the power to wrest higher wages from employers; the power to disrupt an industry or a city. This is so obvious to union leaders that they refer to their unions as their "power base."

Where does the labor leader get his power?

This may come as a surprise to some union leaders, but he gets it largely from the government.

Before the Wagner Act, John L. Lewis' Mine Workers Union was a dispirited, dwindling band of 75,000 men. Employer opposition was grinding the union out of existence. Then came Franklin D. Roosevelt and the laws that forced employers to bargain with unions.

The mighty Teamsters—1,600,000 strong today—had but 100,000 dues payers in 1935. Many cities that are union bas-

tions today, like Pittsburgh, did not even have enough members to make up a Teamster local. The story of union growth through government help is much the same for all unions.

How does the labor leader keep his power?

The government again. The government keeps its hand on the scale in favor of the union.

When a union leader can show a pro-union majority in a plant, he can bargain for all, including those who voted against the union. If the labor leader cooks up a contract with an employer—without the consent or the approval of the workers—all workers are still bound. The government clothes the labor leader with the power to bind them. When a contract is signed, no individual can bargain with an employer; no employer can bargain with an individual.

The labor leader, then, exercises power with the assistance of the government. This is the critical difference between a union official and, say, a corporation executive. The union is, in effect, a private government with powers lent to it by the public government. And the labor leader is a government-made man. His union job is a position of trust involving the public interest. He is, in many ways, a public servant.

Yet John L. Lewis says: "The union is a voluntary association, like a fraternal lodge or a church. If you pass laws to govern the affairs of unions, where will you stop? You will then go on to pass laws affecting churches and other voluntary associations."

Is It a Private Matter?

Does it make any difference if labor leaders see unions as Elks lodges or country clubs?

Yes. It's often the difference between clean and corrupt unionism. Labor leaders who think they head voluntary associations may regard union business as nobody's business but their own—a whimsical way to regard the affairs of 17,500,000 Americans.

But if the labor leader thought of himself as a government-made man and a public servant, many things would follow. Ex-convicts

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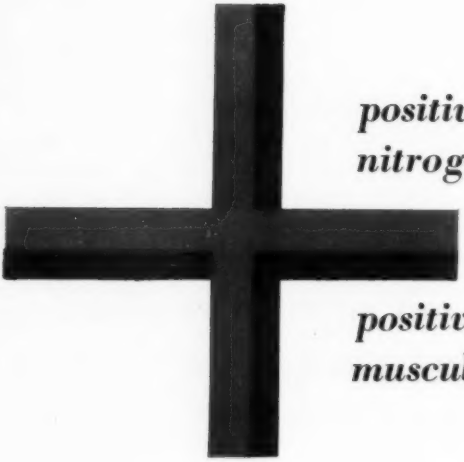

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like Johnny Dio would not be entrusted with union charters any more than men with criminal records are entrusted with public office. Known racketeers like George Scalise or Ducks Coralla, who infiltrate the unions for criminal purposes, would have no more chance of holding union office than Frank Costello could hold public office.

Were they clothed with the public service concept, bona fide leaders like David McDonald of the Steelworkers would no more think of spending $122 a day for a hotel suite, plus another $50 daily for a bodyguard, than the postmaster general would think of spending government money in this way.

James Caesar Petrillo of the Musicians would hesitate to reward himself at union expense with a plush apartment in New York's Waldorf Astoria Towers. William L. McFetridge, who represents a union of elevator operators and scrubwomen, would think twice about amassing wealth on the side. James Cross of the Bakers and Confectioners would have had second thoughts about competing with businessmen's material rewards with fine homes in Washington, D.C., and in Florida.

Why doesn't the Labor movement make its leaders behave like public servants?

An Attempt to Clean House

It has tried. The A.F.L.-C.I.O. has adopted ethical practice codes known as "Labor's Ten Commandments."

Listen to Code No. 4: "A union official holds a position comparable to that of a public servant. He has a high fiduciary duty not only to serve the members honestly but also to avoid personal economic interest which may conflict with his responsibility."

Fine. But what has the A.F.L.-C.I.O. done to enforce this?

It has taken heroic steps to police and to punish. But the Federation has achieved only modest results, because it has only limited enforcement tools.

To begin with, the Federation has no subpoena powers of its own to dig out corruption among its affiliates. So it has to rely on

outsiders like Senate investigators.

So far, the Federation has acted chiefly on unions already exposed by Senate committees and other public agencies. George Meany, the A.F.L.-C.I.O.'s president, has forged new powers to police these unions and try to clean them up. But when the McClellan Committee spotlight is turned off, the Federation will be in the dark again about a good deal of union corruption.

Then, too, the Federation has only one weapon: expulsion. At great sacrifice, the A.F.L.-C.I.O. expelled its biggest and most powerful affiliate, the Teamsters. But this only cleaned the Federation's skirts. The Teamsters, strong and saucy under James R. Hoffa, are still a problem to the public and to the union member.

If the Labor movement can't make a public servant out of the labor leader, what can?

Possible Legislation

The government can. By law. The gist of reform proposals is that the labor leader is a public servant, a trustee. And the new laws will try to nudge him into playing that role.

A public servant has to live in a goldfish bowl; the public has a right to know everything about the way he conducts his office. So the labor leader, too, should be put into a goldfish bowl. He should be made to bare all of his union's money affairs.

A law fathered by Senator Paul Douglas of Illinois makes all unions and employers reveal their welfare and pension fund activities in detail: the insurance commissions and who gets them, the service fees, the benefits to workers.

Senators John Kennedy and Sam Ervin back a more sweeping proposal. It would make the labor leader disclose what he earns, what he spends on expenses, what he borrows from the union, to whom he lends union money, what's in the treasury. A new Labor Commissioner would check up on these reports. He'd have the power to call witnesses and dig out fraud. Erring labor leaders could be indicted, and unions that failed to file

More on 234

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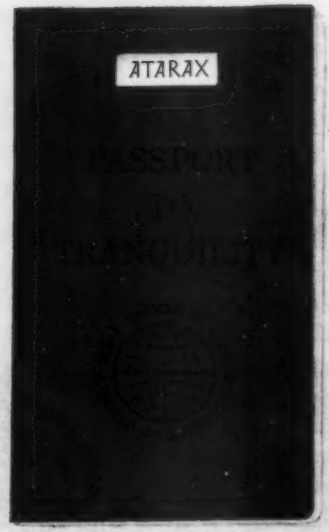

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 well tolerated by debilitated patients	". . . seems to be the agent of choice in patients suffering from removal disorientation, confusion, conversion hysteria and other psychoneurotic conditions occurring in old age." Smigel, J. O., et al.: J. Am. Geriatrics Soc. 7:61 (Jan.) 1959.	Settel, E.: Am. Pract. & Digest Treat. 8:1584 (Oct.) 1957. Negri, F.: Minerva med. 48:607 (Feb. 21) 1957. Shalowitz, M.: Geriatrics 11: 312 (July) 1956.
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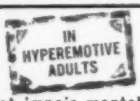 does not impair mental acuity	". . . especially well-suited for ambulatory neurotics who must work, drive a car, or operate machinery." Ayd, F. J., Jr.: New York J. Med. 57:1742 (May 15) 1957.	Garber, R. C., Jr.: J. Florida M. A. 45:549 (Nov.) 1958. Menger, H. C.: New York J. Med. 58: 1684 (May 15) 1958. Farah, L.: Internat. Rec. Med. 169:379 (June) 1956.

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could lose their tax exemption.

Don't union constitutions already require leaders to make financial statements?

Yes. But there are as many kinds of financial statements as there are unions. The honest unions use the reports to reveal; the dishonest ones, to conceal.

What the Books Said

Even the McClellan Committee's chief accountant, Carmine Bellino, couldn't make head or tail out of the financial reports of Michigan Teamster locals. "They grouped the cash, investments, loans, furniture, fixtures, in one large item—and showed no liabilities," reported Bellino.

What would we see if we turned the disclosure law spotlight on the labor leader?

Much. That is, if he filed an honest answer.

I have before me the new questionnaire that labor leaders may have to answer under a proposed law. Had it been in force during the past few years, it would have revealed some curious spending.

It would have shown that $54,000 of Teamster money was spent to defend—all the way to the Supreme Court—two Minneapolis union bosses who had betrayed members by taking money from an employer to break a strike.

Where the Money Went

Honest disclosure might have shown what the Senate Committee later found: that James R. Hoffa used union money to hide out and support his ex-convict brother, William, when police hunted him as a fugitive; that when brother William's wife ran away, Jim Hoffa used $5,000 to $7,000 of dues payers' money to send a union organizer to California in a vain effort to find her; that two top officials of the United Textile Workers bought fine homes with union money and, when exposed, borrowed from employers with whom they dealt and paid the union money back; and that they also spent $11,000 on theatre tickets.

But is the prospective questionnaire enough?

No. It wouldn't touch large areas of possible corrupt con-

duct: side deals that conflict with the leader's union responsibility; the granting of charters to shady characters.

Take the case of Jim Hoffa.

When the Teamster president-elect had finished four dramatic days as witness before the Senate Rackets Committee, Chairman McClellan summed up with a devastating catalogue of forty-seven violations of union trust by Hoffa. After the Committee heard more witnesses, Senator McClellan listed more breaches of trust for a total of eighty-two. These outraged virtually every precept of union responsibility. Yet only nine of the eighty-two could have been bared by the proposed goldfish bowl law.

Here, as Senator McClellan listed them, are a few:

"James R. Hoffa attempted to put 30,000 New York cab drivers under the leadership of Johnny Dio, three times convicted labor extortionist.

"Hoffa played a key role in chartering seven paper locals in New York City, knowing these locals to be racket-controlled.

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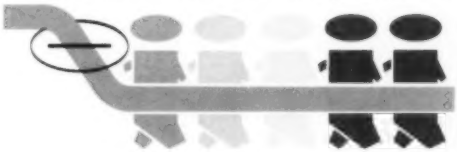

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Jackson, D., and Oakley, W.: Lancet 2:752, 1959.

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"This drug was more potent, and smaller dosages could be used. This increases the ease of administration as well as reduces the economic factors involved."

Knox, L. J., and Doenges, J. P.: Am. J. M. Sc. 238:427, 1959.

to replace or reduce insulin dosage
to realize the full potential of oral therapy
to ensure control where diet alone has failed

the oral antidiabetic most likely to succeed

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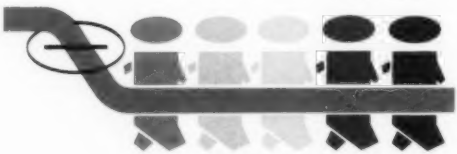

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"Hoffa and his chief aide entered into a highly collusive business arrangement with a [land promoter] for their personal profit and to the detriment of union members.

"Hoffa defended Teamster officials who were selling out the interests of their union members with highly improper business activities and collusive agreements with employers."

Obviously only investigation with subpoena powers—or lawsuits—could have flushed out these activities.

Should Senate committees be continued indefinitely then?

No, the Senate's job is to pass laws, not to police labor leaders.

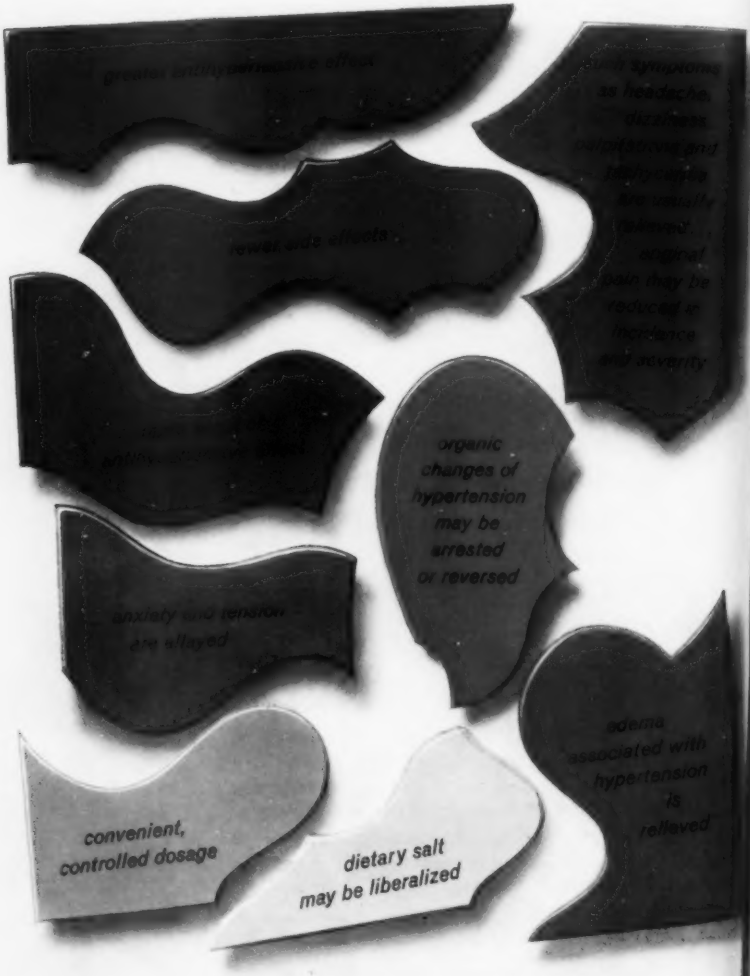
If a questionnaire is not enough, and a permanent Senate investigation is too much, how can we be sure union bosses are keeping clean?

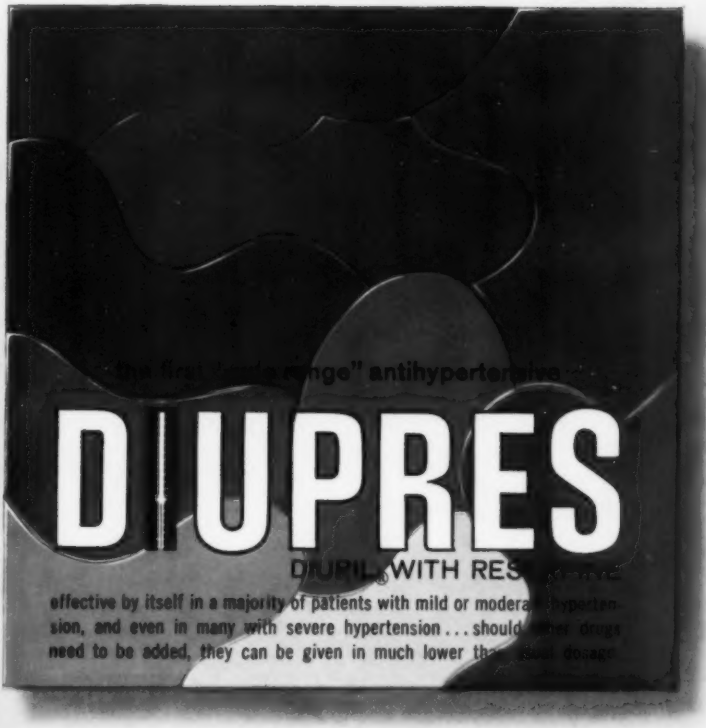
The British have one answer. New York State has another.

When a scandal requires attention in England, the Prime Minister names a Royal Commission (with the Queen's ap-

More on 240

here are some of the ways hypertensive patients benefit when you prescribe DIUPRES





DIUPRES-250

250 mg. DIURIL (chlorothiazide),
0.125 mg. reserpine per tablet.
One tablet one to four times a day.

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0.125 mg. reserpine per tablet.
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proval). Headed by respected public figures, these have delved into such matters as betting and lotteries, the justice of the peace courts. When homosexuality in high places stirred public concern, the Prime Minister named three law lords (judges of the highest court) to hold hearings and publish findings. When its specific job is done, the Royal Commission disbands.

New York's Governors can call up similar commissions under the State's Moreland Act. When owners of horse-trotting tracks were suspected of corrupting politicians in 1953, Governor Thomas E. Dewey named three Moreland Act commissioners, including a former high state court judge. With the help of investigators and counsel, the Commission laid bare the racetrack corruption. Its job finished, the Commission went out of business.

A new Federal law could empower the President to call investigating commissions into being as the occasion arose. This would supplement the proposed

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suturing: Xylocaine® HCl Solution applied topically will permit cleaning and suturing of wounds with patient comfort in an emergency or in the office. Fast acting – Safe – Dependable.

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labor questionnaire disclosure. Some union leaders would protest that this singles out the Labor movement for special surveillance. But others are convinced that occasional investigations would be healthy.

David Dubinsky told this writer: "You know, a good investigation, with subpoena powers, every three years or so would be a fine thing. It would keep the boys on their toes. It would keep them honest."

Why don't union members do their own policing by taking their faithless leaders into court?

Excellent idea. Some have tried. One trouble is that courts still hesitate to intervene in unions' internal affairs. Precedents have not been clearly established as they have, say, in stockholders' suits against corporate officers. But this may be remedied soon.

The President wants to spell out and establish by law that "officers who handle union funds be held to the highest degree of responsibility." And that union

More on 244

new hope for fetal salvage

DELA

The results of administering Delalutin before the 12th week of gestation to 82 women with habitual abortion were reported recently by Reifenstein[1] in a compilation of data supplied by 45 investigators. Every patient had experienced at least three consecutive abortions immediately preceding the treated pregnancy. More than 68% of these women were delivered successfully and uneventfully following Delalutin therapy.

Boschann,[2] in a study of pregnancies with threatened abortion, found that:

37% of 73 pregnancies were carried to term without progestational therapy

64% of 42 pregnancies were salvaged by progesterone

83% of 73 pregnancies were salvaged by Delalutin

Eichner,[3] found that in Delalutin-treated women, fetal salvage of infants below term weight (1000 to 2000 gm.) was significantly improved. 108 (76%) of 142 babies of this birth weight survived without mothers receiving progestational therapy, while 16 (100%) of 16 babies of this birth weight survived with mothers receiving Delalutin therapy. A comparison study was made of a group of repeated aborters treated with Delalutin, and a group with a similar history treated with bed rest and sedation.[4] Pregnancy salvage with Delalutin was twice that of the control group. Delalutin was found to be "highly active", well-tolerated and long-acting.

According to Tyler and Olson,[5] "These qualities of prolonged action and relative freedom from local reactions make [Delalutin] a generally more desirable therapeutic agent for intramuscular use than progesterone . . . ."

DELALUTIN BABIES WHOSE MOTHERS WERE HABITUAL ABORTERS

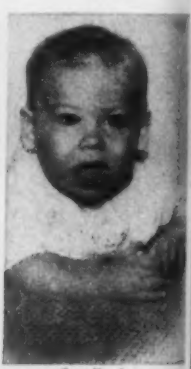
Mary Ann Cribben
Garden City, N. Y.

Amy Sue Greenman
Lincolnwood, Ill.

William Peller
Skokie, Ill.

Randy Sinis
Denver, Colo.

Richard Miller
Denver, Colo.



Scott Knudsen
Norwich, Vt.

References: 1. Reifenstein, E. C., Jr.: *Annals N. Y. Acad. Sc.* 71:762 (July 30) 1958. 2. Boechann, H-W.: *ibid.*, p. 727. 3. Eichner, E.: *ibid.*, p. 787. 4. Hodgkinson, C. P.; Igna, E. J., and Bukeavich, A. P.: *Am. J. Obst. & Gynec.* 76:279, 1958. 5. Tyler, E. T., and Olson, H. J.: *J.A.M.A.* 169:1843, 1959.

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improved progestational therapy

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DELALUTIN offers these advantages over other progestational agents:

- long-acting and sustained therapy
- more effective in producing and maintaining a completely matured secretory endometrium
- no androgenic effect
- more concentrated solution requiring injection of less vehicle
- unusually well-tolerated, even in large doses
- fewer injections required
- low viscosity makes administration easier

DELALUTIN is also potent and safe therapy for: threatened abortion; postpartum after-pains; amenorrhea, primary and secondary; dysfunctional uterine bleeding not associated with genital malignancy; infertility with inadequate corpus luteum function; production of secretory endometrium and desquamation during estrogen therapy; premenstrual tension; dysmenorrhea; cyclomastopathy, mastodynia, adenosis and chronic cystic mastitis.

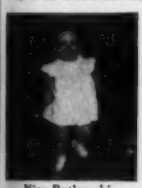
Administration and dosage:

Because of its low viscosity, Delalutin may be administered with a small gauge needle (deep intragluteal injection). Complete information on administration and dosage is supplied in the package insert.

Supply:

Delalutin is available in vials of 2 and 10 cc., each containing 125 mg. of hydroxyprogesterone caproate in sesame oil. and benzyl benzoate.

Each of these healthy, normal babies was born by a mother with a documented previous history of true habitual abortion, who was treated during her most recent pregnancy with DELALUTIN.



Nina Rutkowski
Roselle, Ill.

Rosanne Guberman
Elmont, L.I., N. Y.

Kenneth Michael Simonson
Denver, Colo.

Joanne Verderosa
Sanford, N. Y.

J. Gettemy
Hartford, Conn.

Karen Mary Nederman
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members "be given an unequivocal right to sue in Federal and state courts to enforce this responsibility."

Fine. But will members dare sue?

Probably not. You'll notice that, despite exposure, no union members have haled Dave Beck into court for an accounting of union money—or to make him restore any profits he may have made from the use of the union's treasury.

Dues payers don't want to stick their necks out. Besides, lots of money is needed to battle the lawyers that the union's treasury—controlled by the labor leader—can buy.

But there is an answer here too. Professor Archibald Cox of Harvard and other labor law experts, among them the former counsel for New York State's Labor Relations Board, Daniel Kornblum, suggest that a government agency do the suing in behalf of the members.

New York Governor Nelson Rockefeller has a proposal before him that writes into law the concept that the labor leader is a quasi-public servant with a fiduciary (trustee) duty.

The unions have grown so swiftly that many labor leaders bridge an earlier era when the unions were underdogs in a minority movement. Now the leaders have to grow up to a new role that fits Labor's new status and power.

Change Must Come

The leaders will be prodded by law into making this transition. Until now, the chief proposals for reform have come from friends like Labor Secretary James Mitchell and Senators Paul Douglas and John Kennedy. These men believe the unions perform a vital function in our economy and want to meddle as little as possible in the unions' internal affairs. But the reform proposals could fall into less friendly hands.

The American people have given the unions their power. The American people can take it away unless the labor leader makes the transition to a public servant who balances power with responsibility. END

. . . confirmed in clinical study:

maximum saluretic effect with minimum potassium loss

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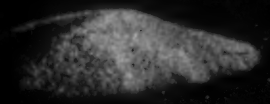
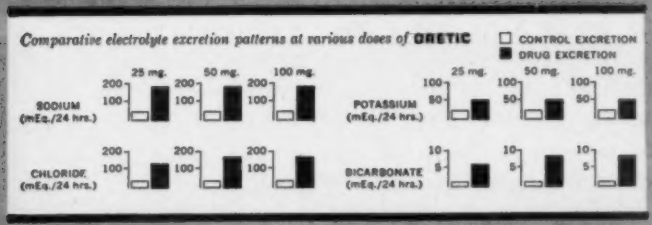


Studying **ORETIC** which they describe as "*. . . a significant advance in development of diuretic agents of greater potency without increasing toxicity . . .*" the investigators tested, among other properties of the compound, its effect on the excretion of urinary electrolytes.

Drug was given at 25-, 50- and 100-mg. doses to five patients, all previously having congestive heart failure but currently free of signs of edema. Urine was analyzed six times during a 24-hour study period, with attention given to the major electrolytes—sodium, potassium, bicarbonate and chloride:



The investigators said:
"Comparative electrolyte excretion effects at various doses of **ORETIC** show a proportional increase in sodium and chloride within the significant dose range and demonstrate that additional drug has no significant action. The continued relatively small potassium and bicarbonate excretion, even with maximum saluretic effects, is clearly demonstrated."

ORETIC, indicated for edema and hypertension, is supplied in 25- and 50-mg. tablets, bottles of 100 and 1000.

Bibliographical Note: The investigators quoted have published their findings in the September, 1959 issue of *Current Therapeutic Research*. The study, entitled CLINICAL PHARMACOLOGIC OBSERVATIONS ON ORETIC, A NEW ORALLY ACTIVE DIURETIC AGENT, can be found in that publication on pages 26 through 33.

and remember—in many cases Oretic permits relaxation of the low-salt patient's rigid diet

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How to Win Referrals—or Lose Them

Continued from 81

dends to a New York City pediatrician. Says he: "Not long ago I helped a nurse position an infant for special X-ray studies. She was having a hard time holding the baby up against the cassette. It wasn't my case, but I felt sorry for the baby, the nurse, and the technician. Quite a few nurses and most of the X-ray department personnel now bring their infants to me for examination."

Helping the Community

5. Community activities are still one of the best ways to build a bigger practice.

Many specialists have found it helpful to join clubs and similar ventures. Especially valuable is the sort of activity that gives the doctor a chance to serve in his own special way. Thus, a Utah neuropsychiatrist lends his educational films to P.T.A. meetings. And a Southern dermatologist says he lectures on skin problems to such assorted groups as hairdressers, cosmeticians, and Y.W.C.A. leaders.

Civic work has its gratifications quite apart from the practice-building aspect: It offers many a doctor a welcome change of pace. That's why a California specialist likes to show his travel pictures to local clubs, and a Missouri radiologist has organized a bowling team. But both men report that they have also enjoyed growing practices as a result.

An out-and-out "joiner," of course, is suspect almost everywhere. A Brooklyn doctor tells of a specialist who "joined every club that would take him. Because he couldn't possibly be active in all of them, other members caught on to his motives. They resented his having joined solely for prestige and contacts. This didn't help his practice or his reputation."

Is It Ethical?

Many other experienced men confirm that the physician who flouts good taste or ethics gener-

in eight years Novahistine® hasn't cured a single cold
–but it has brought prompt relief of symptoms
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in colds...flu and sinusitis

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2 tablets open the air passages...and continue to give relief for 8 to 12 hours. Patients feel better faster because Novahistine LP

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- lets the patient breathe freely all day, all night

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Fast-acting and good-tasting, too, Novahistine Elixir appeals to children. This palatable elixir solves the problem of giving medication to fussing youngsters.

Each 5 cc. teaspoonful contains: phenylephrine HCl, 5 mg.; prophenpyridamine maleate, 12.5 mg.; chloroform, approx. 13.5 mg.; l-menthol, 1 mg., and alcohol, 5%.

Dosage: Children, 1 teaspoonful 3 or 4 times daily. Infants, ¼ to ½ teaspoonful 3 or 4 times daily. Adults, 2 teaspoonfuls 3 or 4 times daily.

PITMAN-MOORE COMPANY
• Division of Allied Laboratories, Inc., Indianapolis 6, Indiana

ally gets nowhere. When one such man set up practice in a New Jersey town, he sent out announcements to the general public without bothering to find out whether the recipients had doctors already. His medical society was soon up in arms, and he got no referrals from local colleagues. A photogenic OB man made his fellow Missouri doctors even angrier when he sent out announcements adorned with his picture.

And a Tennessee gastroenterologist tells about the newcomer who "opened his office with a cocktail party where he publicly displayed his reprints. The local papers reported the affair in their society columns, apparently at the doctor's request. As a result, he lost his hospital privileges, lost his teaching appointment at the medical school, and was reprimanded by the local medical society.

"He was an excellent doctor, too," the gastroenterologist adds. "His only trouble was that he was a very unsatisfactory press agent." END

Should Doctors Be Forced to Keep Pace?

Continued from 95

search project, and some research group has to do it—a government group or, more likely, one in a university or large hospital. Then the researchers are ready to teach doctors about the new drug, particularly its contraindications, side effects, limitations, and optimum dosage.

What do you want, Dr. Miller? Do you propose that we learn about new medications from the popular magazines? No, the absurdity of that is obvious. About the only way this essential information can be delivered to the practitioner is in a medical journal or at a lecture. Which means that about the only way the physician can learn is by some kind of study.

Let's talk first about lectures. It's true that the best teachers don't always make the best clinicians. But the best teachers provide the pool of clinical know-how that we can tap, and

When the emotional component of premenstrual tension becomes severe enough to interfere with normal activities and relationships, PROZINE is usually advantageous. It is designed for the treatment of moderate to severe emotional disturbances, either alone or complicated by organic symptoms.

PROZINE acts on both the thalamic and hypothalamic areas of the brain. As a result, PROZINE helps the physician control motor excitability as well as apprehension and agitation. This dual effect permits low dosages, which minimize side-effects and encourage the use of PROZINE in everyday practice.

"This time last month I would have screamed"

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we can tap it only through graduate courses. Why shouldn't we utilize that knowledge?

Dr. Miller cites the Rockefeller Foundation-North Carolina survey in order to play down the value of graduate courses. But that survey turned up one interesting fact that Dr. Miller neglects to mention: The formal graduate course is a far more effective teaching instrument than the medical society meeting or clinical conference at a hospital.

Study Makes Better M.D.s

It's true that doctors who take more than sixty hours a year of graduate study may often be poorer clinicians than those who take less. But this lack of correlation doesn't mean graduate courses are worthless. It means merely that the poorer clinicians recognize their need for study. Dr. Miller overlooks the important fact that, except in the case of the "over sixty hours" group, *there's a direct correlation between the amount of refresher study and clinical skills.* Of doctors tested for the cited study, those who spent more than forty hours a year in graduate study had a much higher "clinical score" than the practitioners who took fewer than nineteen hours a year.

The North Carolina study also revealed that members of the American Academy of General Practice tend to be better-than-average clinicians. This organization requires its members to spend an average of fifty hours a year in attendance at such courses. It is at this point (fifty hours a year), according to the North Carolina research, that the law of diminishing returns evidently sets in.

The effectiveness of teaching is shown in another aspect of the study: The Rockefeller Foundation researchers reportedly discovered that the longer the hospital training in *internal medicine,* the better the doctor. And internal medicine is the basic science of medical practice, regardless of specialty.

In citing the North Carolina project, Dr. Miller ignores several other aspects of it that support the Gundersen plan. The survey shows, for instance, that

G.P.s who were "outstanding medical students" are also "outstanding clinicians to the age of 35." If they'd kept up their medical education, wouldn't they have kept their lead? It seems to me that this finding points up the need for continued study.

It may be true that many graduate courses are, as Dr. Miller says, too general, too complex, too theoretical. If so, why not improve the teaching instead of merely criticizing it? For we now have some wonderful new methods of teaching—such as closed-circuit TV programs and phonograph and tape recordings—in addition to motion pictures, lectures, conventions, society sessions, hospital staff sessions, seminars, and the circuit riders in some states who go out from the big city and put on scientific programs in smaller towns. Then there are new books, abstract services, reprint libraries, and medical journals.

The more medical journals a man takes, says the North Carolina survey, the better doctor he's likely to be. Of course, no one has the time to read through *every* medical journal; there are over 500 in English alone that are readily available. But with this rich reservoir of current reading material, every physician should discipline himself to read at least one of them regularly. He owes that much to his pa-

More on 258

Such as . . .

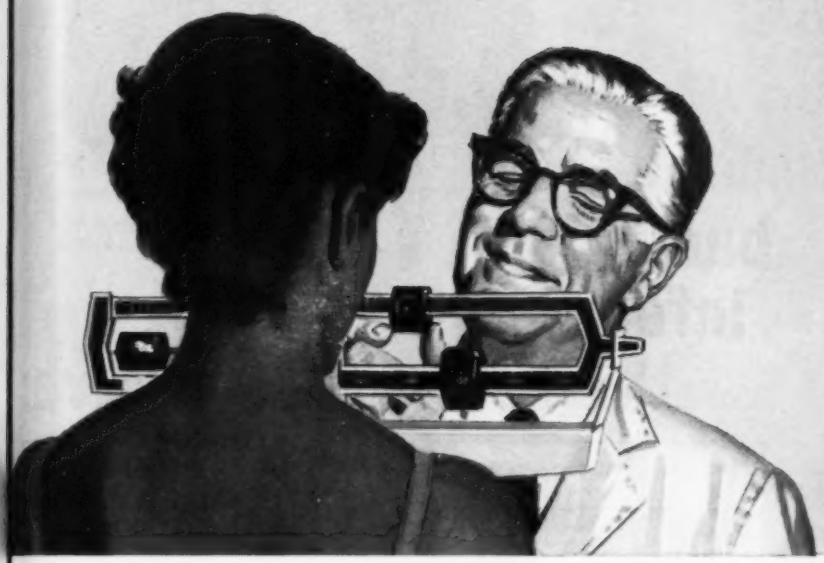
The young nurse was clumsy in handing the great surgeon an instrument. "What's wrong, Nurse?" he barked. "Don't you know how to help a *good* surgeon?"

"Oh, no, Sir," she answered meekly, "they only let me help the slow ones I can keep up with."

—JAMES W. MORELAND, M.D.

For each previously unpublished anecdote accepted, MEDICAL ECONOMICS *pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.*

New!...for appetite control



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DOES MORE THAN CURB APPETITE... ALSO RELIEVES TENSIONS OF DIETING

AN EXTENSIVE SURVEY shows that in 68% of overweight persons there is an emotional basis for failure to limit food intake.[1] Appetrol has been formulated to help you overcome this problem and to keep your overweight patient on your diet.

THIS NEW ANORECTIC does more than give you dextro-amphetamine to curb your patient's appetite. It also gives you Miltown to relieve the tensions of dieting which undermine her will power.

IN PRESCRIBING APPETROL, you will find that your patient is relaxed and more easily managed so that she will stay on the diet you prescribe.

Usual dosage: 1 or 2 tablets one-half to 1 hour before meals.

Each tablet contains: 5 mg. dextro-amphetamine sulfate and 400 mg. Miltown (meprobamate, Wallace).

Available: Bottles of 50 pink, scored tablets.

1. Kotkov, B.: Group psychotherapy with the obese. Paper read before The Academy of Psychosomatic Medicine, October 1958.

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in bacterial infections the new alternative:

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with assured ***safety*** and ***effectiveness***

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Clinically effective for infections caused by:
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A new alternative in bacterial infections for many reasons—

- wide-spectrum activity
- high rate of clinical effectiveness—up to 90%
- less than 2% side effects – even in long-term use
- minimal risk of hazardous superinfections
- essentially no danger of anaphylactic reactions
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- economical therapy
- *reserves antibiotic effectiveness for fulminating, life-threatening infections*

For complete information on dosage forms, dosage schedules and precautions, consult literature available on request.

**Some infections due to antibiotic-resistant strains have responded to Madribon.*

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tients and to his profession—and if he has to be "forced" to do this small amount of reading, then let organized medicine apply the force.

Which brings up the question of testing again. As I've already said, no one can become a doctor without having passed a good many examinations. Yet Dr. Miller pours scorn on such exams as a yardstick of skill. I think that his criticism is actually aimed at *written* or *oral* exams. Someone ought to tell him that it is now entirely possible to test a clinician by observing how he actually works with patients, by scrutinizing his records, and by having him demonstrate a technique or a procedure.

But the biggest objection of Dr. Miller—and others—to the Gundersen plan is to the policing necessary to enforce it. Dr. Miller fears both medical societies and the government. But in the case of medical societies, at least, his fears that society politics will decide who gets the diploma and who is sent to the foot of the class are certainly groundless. More than half the county medical societies in this country have

fewer than 100 members each. In societies as small as that, the danger is that officers will be too lenient rather than too severe with their members.

The picture of a ruling clique running a medical society is usually a fantasy, anyway. No decent doctor need fear that his own society is going to knife him.

Dr. Miller is right, on the other hand, in saying that we doctors need a better education in the liberal arts field. A century ago, the physician ranked with the parson, the teacher, and the judge as one of the educated, scholarly members of the community. I'd like to see more liberal arts programs. And the habits of study inculcated by graduate clinical training will make it easier for the practitioner to study the liberal arts subjects.

I know it's painful to go back to books. I remember the agony of studying for my boards. At one point I spent a day a week for four months with medical school sophomores, studying pathological slides in the school laboratory. It was tough work keeping up with those bright young students. But I did learn

faster healing at any location

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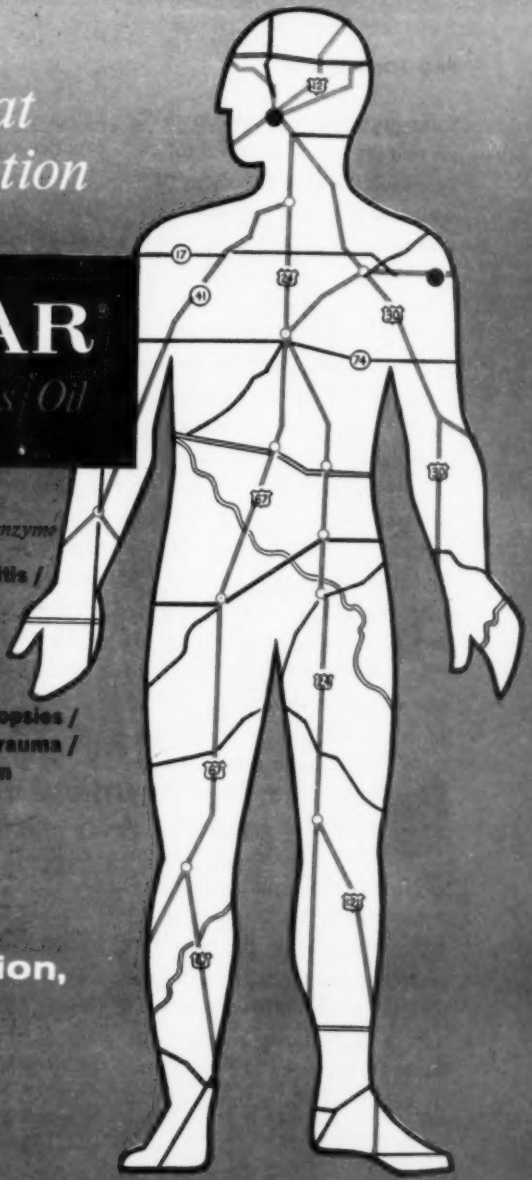

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controls inflammation, swelling and pain

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some pathology. And the pain of all that study was soon forgotten (eventually I boasted about it!), while the grasp on the underlying pathology of disease has remained.

It's Good Public Relations

But Dr. Miller argues that we must not talk about our need for further study, lest the public lose confidence in us. Nonsense, I say. If the laity find out that we are boning up on modern medicine—always studying, always learning—they will develop a new respect for us. It's not Cadillacs or mink coats on our wives that have held their respect; it's our devotion to good standards of medical care.

We're living in one of the exciting epochs of medical history, and the public recognizes the fact. A few decades ago, no emperor, no millionaire could have bought either the 30 cents' worth of antibiotics that can now save a life or the services of the cardiac surgeons and neurosurgeons who now perform such miracles.

We, as doctors, are particularly privileged to be witnesses of, and sharers in, this era, and to practice one of the most rewarding professions on earth. So we can't—in the name of individual freedom or anything else—justify denying the benefits of modern medicine to our patients.

Dr. Miller doesn't want a bureaucratic tyranny. Well, would he let patients go without modern care because their doctors boasted that they hadn't cracked a book or read a medical journal since getting their M.D. degrees? There *are* such doctors, just as there are still those who treat syphilis with mercury or bismuth and who pooh-pooh penicillin and even arsenicals. There *are* doctors who think iodides are alteratives, and who treat epilepsy by prescribing bromides. Are we going to protect these men in the name of freedom from bureaucracy?

It's a Must

No, the question is *not:* Can we afford the time, money, and energy necessary to keep up with medical progress? The big question is: Can we afford *not* to do it? END

in coronary insufficiency

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METAMINE SUSTAINED (triethanolamine trinitrate biphosphate, 10 mg., in a unique sustained-release tablet) is a potent and exceptionally well tolerated coronary vasodilator. Pharmacological studies at McGill University demonstrated that METAMINE "exerts a more prolonged and as good, if not slightly better coronary vasodilator action that nitroglycerin . . ."[1] Work at the Pasteur Institute established that METAMINE exerts considerably less depressor effect than does nitroglycerin.[2] Virtually free from nitrate side effects (nausea, headache, hypotension), METAMINE SUSTAINED protects many patients refractory to other cardiac nitrates,[3] and, given b.i.d., is ideal medication for the patient with coronary insufficiency. Bottles of 50 and 500 tablets. Also: METAMINE, METAMINE WITH BUTABARBITAL, METAMINE WITH BUTABARBITAL SUSTAINED, METAMINE SUSTAINED WITH RESERPINE.

1. Melville, K. I., and Lu, F. C.: Canadian M.A.J., *65*:11, 1951. 2. Bovet, D., and Nitti-Bovet, F.: Arch Internat. de pharmacodyn. et therap., *83*:367, 1946. 3. Fuller, H. L., and Kassel, L. E.: Antibiotic Med. & Clin. Therapy, *3*:322, 1956.

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no demonstrable effects other than antiemesis.

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stops *active* vomiting in addition to prophylactically preventing nausea and emesis.

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effective against vomiting and nausea in the widest range of common and special situations such as pregnancy, travel sickness, gastrointestinal disorders, uremia, carcinomatosis, drug poisoning, radiation sickness, postoperative states.

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'Reasonable Fees Speak Louder Than Words'

Continued from 74

S. Donaldson, an orthopedic surgeon of Pittsburgh.

This committee is now perparing "a complete, accurate, objective, and clinical profile" on all medical society members in the four counties. Its expressed aim: to "guarantee to the public that special services will be performed only by physicians specially qualified."

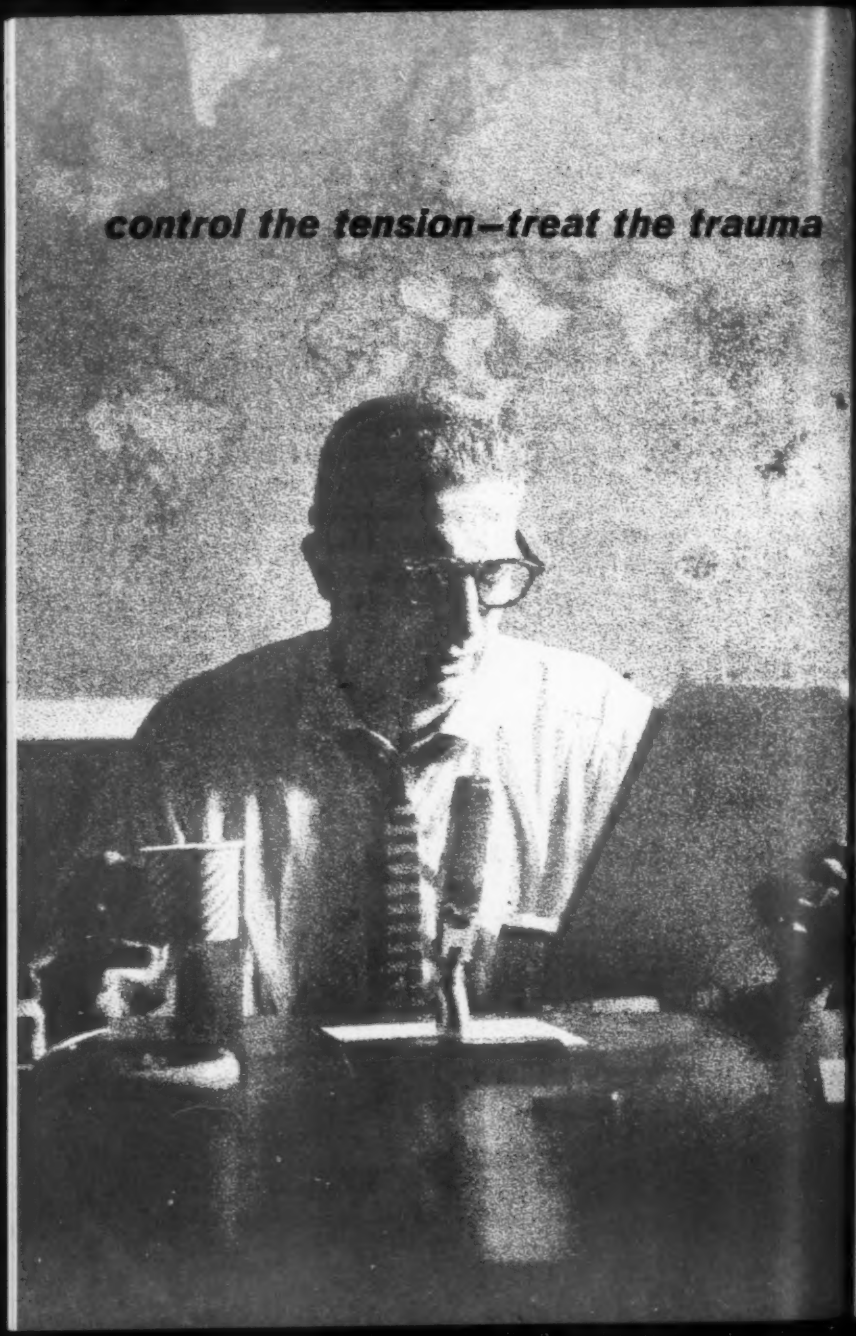
The Donaldson committee stands ready to advise Blue Shield on "which physicians meet the qualifications that Blue Shield requires for its out-patient diagnostic benefits contract." Presumably, the committee's findings might also prove useful to Dr. Warren F. Draper, the medical director of the United Mine Workers program, in preparing his lists of physicians who are qualified to treat U.M.W. patients.

2. A second body is on the lookout for possible overuse of hospital beds. This committee is headed by Dr. J. Everett McClenahan, a board-certified surgeon of Pittsburgh. Working along with the Hospital Council of Western Pennsylvania, with hospital administrators and medical-record librarians, with staff tissue committees, with Blue Cross, and with similar groups, it seeks to help hospital staffs prevent overutilization in advance.

Says Dr. McClenahan: "I'm convinced that if we can follow through on all the steps available to us, we can reduce the number of hospital admissions tremendously." This could mean an eventual reduction in Blue Cross rates.

3. There's also a committee on reasonable fees. This ambitious organization is made up of representatives of the four county medical societies, plus local representatives of specialty societies. Its big task is to see that there's no overcharging of pa-

More on 270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Two dosage strengths — PATHIBAMATE-400 and PATHIBAMATE-200 facilitate individualization of treatment in respect to both the degree of tension and associated G. I. sequelae, as well as the response of different patients to the component drugs.

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Administration and Dosage: **PATHIBAMATE-400** — 1 tablet three times a day at mealtime and 2 tablets at bedtime.
PATHIBAMATE-200 — 1 or 2 tablets three times a day at mealtime and 2 tablets at bedtime.
Adjust to patient response.

Contraindications: glaucoma; pyloric obstruction, and obstruction of the urinary bladder neck.

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tients entitled to *service* benefits under income ceilings of Blue Shield or commercial health plans. It also hopes to iron out "existing fee-schedule imperfections."

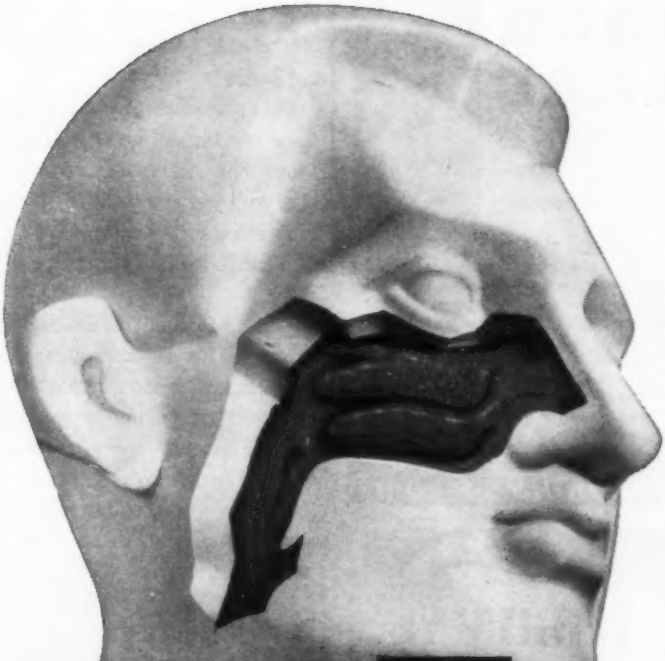
4. Finally, there's a committee to advise prepayment agencies. This is the real trouble-shooting body. Its members are nominated by the medical staffs of forty-two hospitals in the Pittsburgh area. They review fee complaints and other disputes that prepayment agencies haven't been able to resolve with the physicians concerned.

Dr. Wendell B. Gordon of Pittsburgh, chairman of the state society's Council on Medical Service, stresses this last committee's readiness to handle complaints from patients who say they've been charged more than the Blue Shield allowance. Such allegations add up to particularly poor public relations for medicine, says Martin Segal. "Key labor and industry representatives believe that many doctors have two fee schedules: one for patients without insurance, and a second *and higher* scale for patients with insurance," he reports.

In the last analysis, individual patients' complaints must be reviewed by the county medical society grievance committees. And in this respect, Segal has proposed that medical societies take sides with all patients against doctors found guilty of overcharging. "The society should give support to the patient with every legal means possible for the enforcement of the patient's claim against the doctor," he says. "And the society should use its own internal procedures to discipline doctors who develop patterns of overcharges."

A Streamlined Campaign

Whether Pennsylvania doctors will actually take the public relations expert's advice in this respect remains to be seen. Clearly, though, they're in the mood for a streamlined, 1960-model public relations campaign. Instead of battling Dr. Warren Draper and the United Mine Workers in the headlines of the daily press, they're determined to make an all-out effort to re-



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tain the goodwill and respect of all the state's 11,000,000 potential patients.

Will there be state-wide adoption of Pittsburgh's Marshall Plan? Not necessarily. But it's sure to provide a basis for planning in other areas. So says Dr. Russell B. Roth, for the state society:

"The Marshall Plan is full of promise. It's an approach that has already gained a remarkable degree of physician acceptance in one of our more troubled areas. Furthermore, it has captured the interest and tentative cooperation of at least some of medicine's critics. The board of trustees feels that it may offer the best foundation for a program of public relations based on solid medical progress." END

laughable

If this word describes an experience you've had in the course of your practice, why not share the story? For each anecdote accepted, MEDICAL ECONOMICS pays $25 to $40. Address: Anecdotes, Medical Economics, Inc., Oradell, N.J.

over a cup of coffee . . .

INTERN: I've been wondering why you prescribed AZOTREX for the cystitis case. Are all three agents — tetracycline, sulfa and azo dye — really necessary?

ATTENDING MAN: Well, whenever I treat a urinary infection, I have three things in mind. First, I want to relieve pain, frequency and urgency as soon as I possibly can. Next, I want to eliminate the bacteria in the urine and easily accessible pathogens in the mucosa. Finally, I'd like to clear up the deeper foci of infection and thus help prevent recurrence. With AZOTREX, I have a good chance of accomplishing all three.

INTERN: I can go along with AZOTREX as far as relief of symptoms is concerned. The azo dye is a good urinary analgesic, so I agree with you on the relief of pain. Also I know that some patients get reassurance from the change in color of the urine.

But, why treat the infection with both tetracycline and sulfamethizole? Combination antibacterial therapy has come under some editorial fire recently. You know — no synergistic or additive effect in most cases. Generally, we're supposed to use the single antibiotic or sulfa which the "bugs" are most sensitive to.

ATTENDING MAN: I agree wholeheartedly. That's why I sent a specimen to the lab for culture and sensitivity. But right now we don't know the organisms involved, and it's going to be 2 or 3 days before we get the lab report.

When I have to work in the dark, I want as broad antibacterial coverage as possible. And, if this is a mixed infection—and these are fairly common—our chances are likely to be better with a combination like AZOTREX. Tetracycline and sulfamethizole are effective against many strains of staph, strep, proteus and pneumococci. Rhoads recommends this type of combination therapy for Pseudomonas, *A. aerogenes, B. faecalis* and *E. coli.*

So I figure AZOTREX is a good way to start. Should the sensitivity tests indicate that another antibacterial agent is preferable, we'll switch to that.

INTERN: You also said something about deeper foci of infection in the kidney . . . ?

ATTENDING MAN: We are both aware that a foreign body or obstruction will cause persistence of the infection and should be attacked directly. However, infection may persist or recur even in their absence.

Kass has suggested that this may be due to inadequate drug levels in tissues with a poor blood supply. Such circumstances may account for the reappearance, even after apparent sterilization of the urine, of the original organism with the same antibiotic sensitivity. Also, inadequate local tissue concentrations might fail to kill all bacteria and encourage the emergence of resistant strains. In Kass' view, high blood levels of drug are necessary to permit penetration of sufficient amounts to be of therapeutic value.

Tetracycline — especially in its phosphate form — is rapidly absorbed from the G. I. tract and produces high blood and tissue levels. According to Mason, sulfamethizole is one of the most soluble sulfonamides; this means high urinary antibacterial concentrations without crystalluria. I'd suggest you look this up in the U. S. Dispensatory and in N. N. D.

INTERN: O. K., I'll look it up. In the meantime I'll try to keep an open mind.

ATTENDING MAN: So far, we've talked only about "bugs and drugs". Let's not forget we're dealing with a sick person who will have to take medicine for a long time. It's a lot easier and more convenient to take one capsule instead of three. Now, how about another cup of coffee?

References: Rhoads, P. S.: Postgrad. Med. **21**:563 (June) 1957; Kass, E. H.: Am. J. Med. **18**:764 (May) 1955; Mason, T. J. in Conn, H. F.: Current Therapy – 1959, W. B. Saunders, Philadelphia, p. 342; Osol, A. and Farrar, G. E., Jr., Eds.: The Dispensatory of the United States of America 25th edition, Philadelphia, J. B. Lippincott Co., 1955, p. 1881; New and Nonofficial Drugs 1959, Philadelphia, J. B. Lippincott Co., p. 60.

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Father: busy

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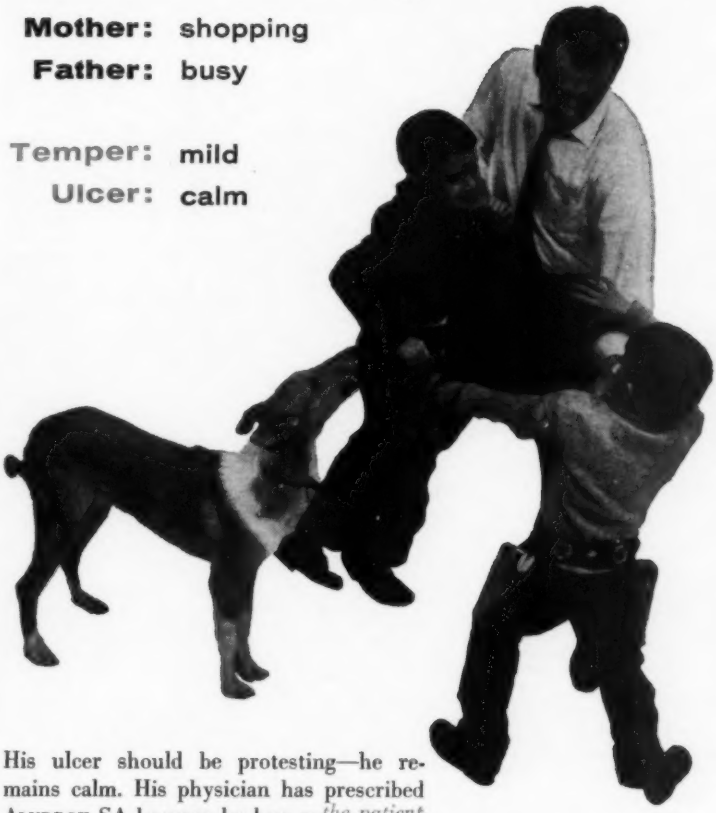
Ulcer: calm



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Memo

From the Publisher

New Kind of Help

Alfred Politz Media Studies tell us that when the typical physician needs business help, he turns first to MEDICAL ECONOMICS. He seldom consults personally with business advisers, medicolegal experts, and the like. He reads their advice in MEDICAL ECONOMICS, but he lacks the opportunity to benefit from their personal counsel.

Such an opportunity is now being created by Medical Economics, Inc. In selected cities from coast to coast, it's sponsoring all-day programs designed to provide local doctors with personal business guidance. It's doing so not for profit, but as a logical extension of its services to the profession. Registration fees will defray only part of the programs' cost.

What will the programs be like? You can get some idea of their caliber from the first program in the series. It's being put on this Feb. 17 at the Sheraton-Plaza Hotel in Boston. It's bringing twelve experts from all over the country to advise New England physicians and to answer their questions. Among the twelve:

¶ René Wormser, LL.B., the dean of this country's estate planners. His subject: trusts.

¶ Gerald Loeb, nationally known stockbroker and author ("The Battle for Investment Survival"). His subject: spare-time investing.

¶ Albon Man Jr., LL.B., manager of Prentice-Hall's insurance publications. He'll advise on tax planning for retirement.

¶ John Harriman, a well-known Boston banker, who'll provide unbiased answers on life insurance problems.

Those are the financial planning experts on the program. There'll be practice management experts too: Horace Cotton, Joseph McElligott, and Nelson Young. And there'll be advice on how to avoid professional liability from the A.M.A.'s Dr. Joseph Sadusk, from William Martin, defense attorney for the New York state medical society, and from Thomas Hadfield, California claims adjuster.*

To run this first program and others like it, we've set up a new division called the *Medical Economics Forum*. In time, it'll provide you with a new kind of business help: personal counsel to supplement the printed word.

—LANSING CHAPMAN

*Also on the program as a luncheon speaker: Plaintiff's Attorney Melvin Belli.

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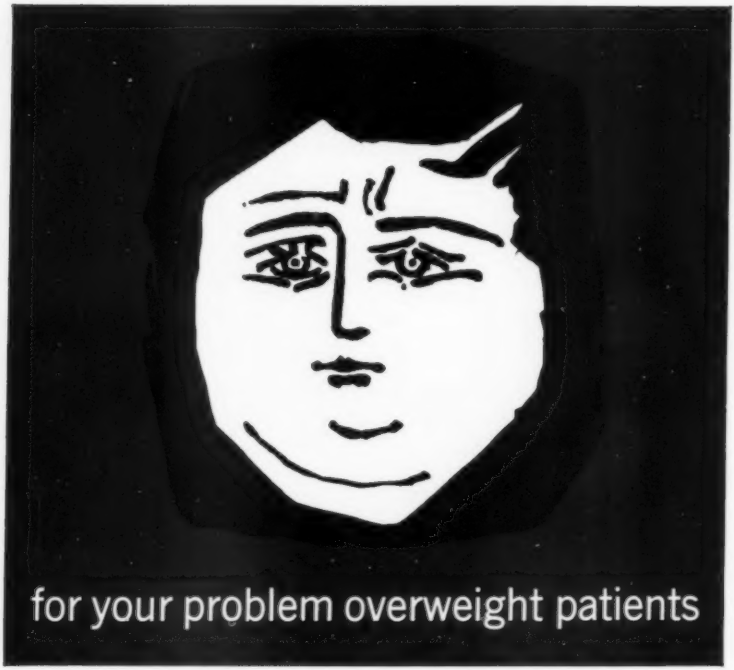

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